

MAR 24 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5129

1. PLACE OF DEATH
 County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 2016
 City Washington (No.) St. 7 Ward) 7

2. FULL NAME Frank Swoboda
 (a) Residence. No. East 6th Street St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or ~~WIFE OF~~) Mary Pawlowitz
30-1845

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 1866

7. AGE YEARS 85 MONTHS 6 DAYS 15 If LESS than 1 day, hrs. or min.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Feb 15, 1931, that I last saw him alive on Feb 14, 1931, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
11A
104 (duration) yrs. mos. 5 ds.
 CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 21 ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF 1
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Nurse
 (Signed) W. H. ... M. D.
Feb 16, 1931 (Address) Washington Mo

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farming 1
 (b) General nature of industry, business, or establishment in which employed (or employer) Farming
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moravia
 (STATE OR COUNTRY) Austria

10. NAME OF FATHER John Swoboda

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Moravia Austria
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Francis Ulrich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Moravia Austria
 (STATE OR COUNTRY)

14. INFORMANT Edgar Swoboda
 (Address) Washington Mo

15. Feb 17, 1931 O. L. Mendenhall
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE OF BURIAL Feb 18-1931 19

20. UNDERTAKER Otto & Co ADDRESS Washington Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

