

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

Do not use this space.

1931 08 4

1. PLACE OF DEATH

County St. Francois
Township Esther
City Esther (No.)

Registration District No. 274
Primary Registration District No. 6018-B

File No.
Registered No.
St. Ward

2. FULL NAME

Barb Katherine Sweger

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, 10 hrs. or min.
	<u>X</u>	<u>X</u>	<u>X</u>	<u>10</u> hrs. <u>—</u> min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Esther
(STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>James C. Sweger</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mill Spring</u> (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Hazel Seal</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Desar</u> (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Mrs James C. Sweger
(Address) Esther Mo.

15. FILED May 31 1931 W J Dwyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1931

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1931, to May 13, 1931, that I last saw him alive on May 13, 1931, and that death occurred, on the date stated above, at 12:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelectasis Pulmonum
1 1/2 hr
10:30 6/0 (duration) 10 hours yrs. mos. da.
CONTRIBUTORY Bronchial occlusion by (SECONDARY) aspirated secretions (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. E. Rohrbach M. D.
5/13 1931 (Address) Har River Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Desar Mo. 5-14 1931

20. UNDERTAKER Raymond Caldwell ADDRESS Flat River Mo.

JUN 29 1931

