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.

AUG 29

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

Do not use this space.

26176

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township CARONDELET Primary Registration District No. 6248 B Registered No. 279

City Jefferson Barracks, Mo. No. U.S. Veterans Hospital, Jefferson Barracks, Mo. Ward)

2. FULL NAME Charles Swink.

(a) Residence, No. 820 Maple Str., St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) Valley Junction, Iowa.

Length of residence in city or town where death occurred 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: COLORED
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Florence Swink.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown.

7. AGE: About 32 YEARS; MONTHS: --; DAYS: --; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fire Lighter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unavailable.
10. Date deceased last worked at this occupation (month and year): Unavailable.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable. Arkansas.

FATHER

13. NAME: Unavailable.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable. Unavailable.

MOTHER

15. MAIDEN NAME: Unavailable.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable. Unavailable.

17. INFORMANT (ADDRESS): C. H. Smith, Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Jacksonville, Ark. DATE July 29, 19

19. UNDERTAKER (ADDRESS): F. A. Green, 2915 Franklin Ave.

20. FILED July 29, 1931 L. C. Obrock, Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20, 1931.

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1930, to July 20, 1931, 19

I last saw him alive on July 20, 1931, 19 Death is said to have occurred on the date stated above, at 2:20 PM.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary, Chronic Far Advanced, Active.

23A
13A
13A

23

Date of onset

Other contributory causes of importance:

Caseous Pneumonia, tuberculous, bilateral; Pyonephrosis, left; Nephrolithiasis, left.

Name of operation Repair of Entero-enterostomy Date of 3-30-31

What test confirmed diagnosis? Autopsy & Laboratory findings. Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Gibson, Medical Officer In Chg. M.D.

(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.