

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

Do not use this space.

33275

1. PLACE OF DEATH

County Saline Registration District No. 792
 Township Arrow Rock Primary Registration District No. 6030
 City Arrow Rock, Mo. St. _____ Ward _____

2. FULL NAME

Radice Schwegler
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (child)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day 5 hrs. or 20 min.
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8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. non (child)
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. non
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arrow Rock, Mo.

13. NAME Will Schwegler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prague, Mo.

15. MAIDEN NAME Emma Held

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hope, Mo.

17. INFORMANT (ADDRESS) Will Schwegler
res. on mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederickburg, Mo. DATE Sept 4 1931

19. UNDERTAKER (ADDRESS) J. L. Sweeney

20. FILED 9-10, 1931 C. L. Paulless
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1931, to 9-3, 1931.
 I last saw her alive on 9-3, 1931. Death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:

7 months child - never breathed normal.
 Date of onset _____

Other contributory causes of importance: 154

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury ✓, 1931
 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) B. E. Bradshaw, M. D.
 (Address) Arrow Rock - 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.

OCT 29 1931

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