

RECORD OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

25525

1936
AUG 15 1936

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph Mo. (No. State Hosp #2)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 883
St. _____ Ward _____

2. FULL NAME

Charles Swiggett

(a) Residence, No. St. Joseph Mo. St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 10 mos. 1 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-25-1873

7. AGE YEARS 63 MONTHS 0 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Engineer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Forbes Missouri

FATHER 13. NAME Nathan Swiggett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galesburg, Ill.

MOTHER 15. MAIDEN NAME Mary Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Lima, Ohio

17. INFORMANT (ADDRESS) State Hospital #2 Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy, Kansas DATE unknown

19. UNDERTAKER (ADDRESS) Wagon Funeral Home Troy, Kansas

20. FILED July 2, 1936 H. J. Nestelak Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936 to July 2nd, 1936

I last saw him alive on July 1, 1936 Death is said to have occurred on the date stated above, at 11:45 A.M.

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

Labor Pneumonia Date of onset 2 days

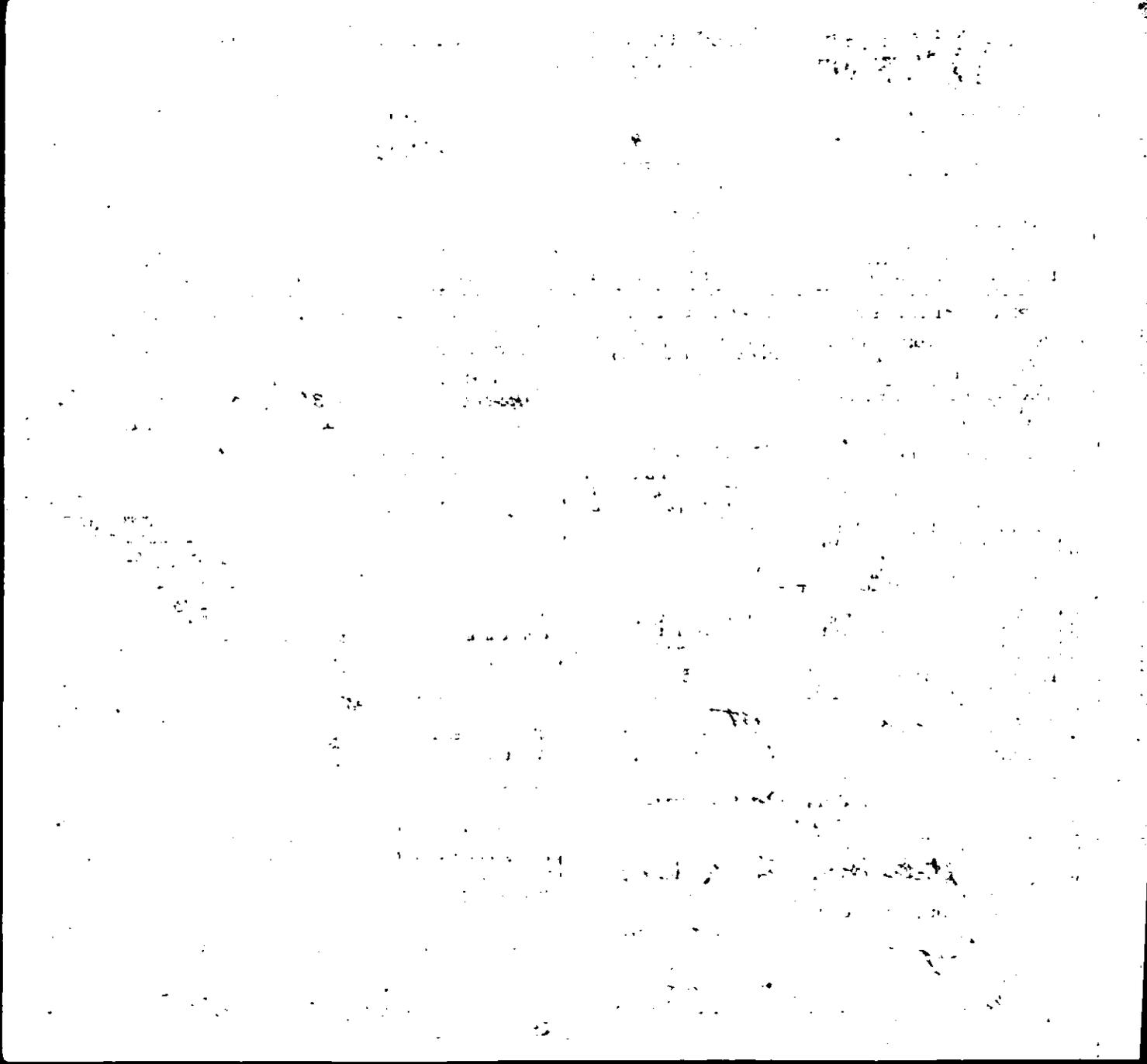
Other contributory causes of importance: Fracture of Femur By falling through floor. 7 days

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence, fall, etc.) 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? No
If so, specify _____
(Signed) J. P. Bensch M. D.
(Address) J. State Hospital No. 2.



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1. PLACE OF DEATH

County Buchanan Registration District No. 85-
 Townships _____ Primary Registration District No. 1001
 City St Joseph (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 883

2. FULL NAME

(a) Residence, No. _____, 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day	hrs.	min.
	<u>63</u>	<u>0</u>	<u>7</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/2 1936 A. H. Neenan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1936

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Fracture femur by falling striking the floor

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 9-24-36
 Where did injury occur? State Hospital # 2
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
State Hospital during Epileptic seizure
 Manner of injury fell on floor causing fracture
 Nature of injury fracture

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

If so, specify _____

(Signed) J. P. Bruner, M. D.

(Address) State Hospital # 2

S-25525

CONFIDENTIAL