

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

Do not use this space.

4173

**1. PLACE OF DEATH**

County Schuyler  
Township Prarie  
City Near Queen City (No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

Registration District No. 806  
Primary Registration District No. 605-2

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME John Sweikert**

(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 30 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) Bachelor

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr, 14th 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 0 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work... Farming  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer Him-self

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Robert Sweikert

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

12. MAIDEN NAME OF MOTHER Catherine Mier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) France AlsacLolane

**14.**

INFORMANT P. D. Sweikert  
(Address) Queen City Mo.

**15.**

FILED 2/24/31 J. T. Jones REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1931

17. I HEREBY CERTIFY, That I deceased from Jan 26, 1931, to Jan 27, 1931, that I last saw him alive on Jan 26, 1931, and that death occurred, on the date stated above, at 9:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Bright Disease

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 30 ds.

CONTRIBUTORY (SECONDARY) uremia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

**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) O. P. Groves M. D.

. 19 (Address) Queen City 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**

Germany Cemetery 1/28 1931

**20. UNDERTAKER**

**ADDRESS**

Wm of West Queen City

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.

98  
1931

