

DEC 26 1934

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

Do not use this space.

42373

## 1. PLACE OF DEATH

County Cole  
Township Marion  
City Centertown, Mo.

Registration District No. 211  
Primary Registration District No. 4128

File No. \_\_\_\_\_  
Registered No. 16  
St. \_\_\_\_\_ Ward)

## 2. FULL NAME

John N. Swearingen.

(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 male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 9, 1934

17. I HEREBY CERTIFY, That I attended deceased from April, 1, 1934 to December 9, 1934 that I last saw h. i. m. alive on December 9, 1934, and that death occurred, on the date stated above, at 4:45 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Valvular Heart Disease.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 5 26

## 8. OCCUPATION OF DECEASED

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

131  
9:30  
Nephritis. (duration) 8 yrs. 8 mos. ds.  
CONTRIBUTORY (SECONDARY)

(duration) 1 1/2 yrs. 1 mos. ds.

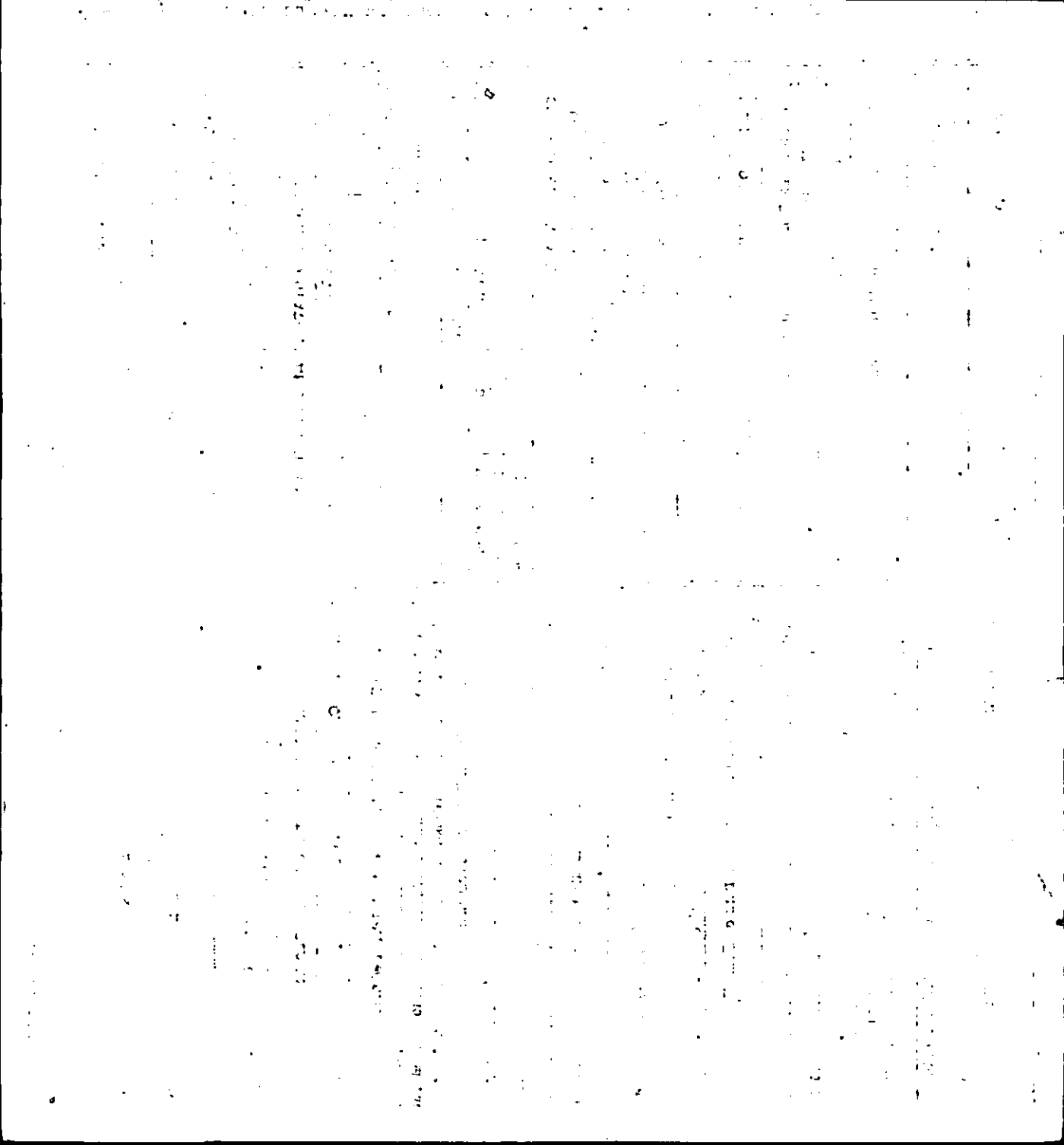
## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Centertown, Mo.DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Usual laboratory test(Signed) Frank J. Nichols, M. D.. 19 (Address) Centertown, 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.

9. BIRTHPLACE (CITY OR TOWN) Russellville, Missouri  
(STATE OR COUNTRY)10. NAME OF FATHER William Swearingen.11. BIRTHPLACE OF FATHER (CITY OR TOWN) United States.  
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Catherine Cross,13. BIRTHPLACE OF MOTHER (CITY OR TOWN) United States.  
(STATE OR COUNTRY)14. INFORMANT J. M. Swearingen,  
(Address) Centertown, Mo.15. FILED 12/10, 1934 H. T. Jansky M.D.  
REGISTRAR19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centertown MoDATE OF BURIAL 12/10 193420. UNDERTAKER Willis & FruehADDRESS California

CAUSE 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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cole  
Township Centestown  
City Centestown (No. \_\_\_\_\_)

Registration District No. 211  
Primary Registration District No. 4128

File No. \_\_\_\_\_  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

John N. Deearinger

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>5</u>	<u>26</u>	

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

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 \_\_\_\_\_

Chronic heart disease Date of onset \_\_\_\_\_  
chronic nephritis

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 12/10 1934 H. T. Leach, M.D. Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 28 1935

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