

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

1 PLACE OF DEATH  
County New Madrid  
Township Ra. Front  
or  
Village  
or  
City

Registration District No. 602 File No. 28654  
Primary Registration District No. 5798 Registered No. 8  
St. Ward

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME Charles Augustus Swinn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
4 RACE White  
5 SINGLE Single  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH April 27 - 1905  
(Month) (Day) (Year)

7 AGE 11 yrs. mos. ds.  
IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work School student  
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(City or town, State or foreign country) Coman, Mo.

PARENTS  
10 NAME OF FATHER W.M. Olson Swinn  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Texas  
12 MAIDEN NAME OF MOTHER Jennie Hampton  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Madison, Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Janie Bertholomey  
(Address) Coman, Mo.

15 Filed Aug 21, 1916 Jess H. Timberman Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 11, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I saw deceased from 1 hour after death for first time  
that I last live on 1916  
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:  
unknown but natural cause

CONTRIBUTORY malaria  
(Secondary) (Duration) yrs. mos. ds.

(Signed) Jess H. Timberman M. D.  
Aug 11, 1916 (Address) Marston, Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death... yrs. mos. ds. In the State... yrs. mos. ds.  
Where was disease contracted if not at place of death?  
Former or usual residence...

19 PLACE OF BURIAL OR REMOVAL New Hope DATE OF BURIAL Aug 12, 1916

20 UNDERTAKER R.W. Mayey ADDRESS Marston, 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.

