45
JUL 25 1929
3

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

Do not use this space.

24437

1. PLACE OF DEATH
County: Howard
Township:
City: Armstrong Mo (No. ..... St. ..... Ward)
Registration District No. 376
Primary Registration District No. 4220
File No.
Registered No.

2. FULL NAME Edgar Swartman
(a) Residence. No. ..... St., ... Ward. Granite Ills
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29 1871

7. AGE: Years 57 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEceased
(a) Trade, profession, or particular kind of work: Tobacco Store
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY) Howard Co

PARENTS
10. NAME OF FATHER Franklin B Swartman
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary K. Walkup
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY) Missouri

14. INFORMANT Maxine Small
(Address) Armstrong Mo

15. FILED 7-1 1929 W M Dickerson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1929

17. I HEREBY CERTIFY, That I attended deceased from June 20 1929 to July 1 1929, that I last saw h. alive on July 1 1929, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy
AOA
Rx Alcohol
(duration) yrs. mos. 30 ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF. None
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Embalmed
(Signed) J L Cail, M. D
, 19 (Address) Armstrong 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: Granite Ills
DATE OF BURIAL: July 5 1929
20. UNDERTAKER: A H Oldaker
ADDRESS: Armstrong 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.