MAY 26 1930

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

Do not use this space.

12495

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township — Blue — Primary Registration District No. 3019 — Registered No. 630
City Indep - Mo - (No. ..... St. ..... Ward)

2. FULL NAME Henrietta Frances Swearingen
(a) Residence. No. 617 W. Maple — St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 80 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29-1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
80	"	3	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John R. Swearingen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Mary Wallace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Frank Robinson
(Address) 123 E. Short - Indep Mo

15. FILED 4-22 1930 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-21 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1930, to Apr 21, 1930 that I last saw her alive on Apr 21, 1930, and that death occurred, on the date stated above, at 2:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
107A
106D (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Bronchitis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J C Hickman, M. D.
Apr 22 1930 (Address) Independence 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: Woodlawn Cem. — DATE OF BURIAL: April 22 1930

20. UNDERTAKER: Ott + Mitchell — ADDRESS: Indep Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2.