

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

Do not use this space.

1140

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City J. C. Mo.

Registration District No. 382  
Primary Registration District No. 1002  
(No. 3334 Bellevue)

File No. 178  
Registered No. 178  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles S. Swihart  
(a) Residence, No. Carthage Missouri 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**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 9 - 1854</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>5</u>	DAYS <u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ohio 2

MOTHER FATHER  
13. NAME Medrick Swihart  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
31

MOTHER FATHER  
15. MAIDEN NAME No Record  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Fred C. Wade  
(ADDRESS) 3334 Bellevue

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Jackson Mo. DATE Jan - 18 1932

19. UNDERTAKER Wm. C. L. Foster  
(ADDRESS) J. C. Mo.

20. FILED Jan 17 1932 M. M. Crowe  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1932

22. I HEREBY CERTIFY that I attended deceased from Jan 15 1932 to Jan 16 1932  
I last saw him alive on Jan 16 1932 Death is said to have occurred on the date stated above, at 6:05 P.M.

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

Bronchopneumonia  
Senile arteriosclerosis  
107 A  
97  
162 107 A  
Other contributory causes of importance:

Date of onset 1/12/32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Samuel H. Deas, M. D.  
(Address) 509 S. Washington Bldg.,  
Raw

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.

2 pm

Wuthman Bldg. 8013 <sup>Y2-</sup>  
→ 3232 Belfontne Li-1600