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

Do not use this space.

38025

1. PLACE OF DEATH
99 County Scotland — Registration District No. 811 — File No.
Township Sandhill — Primary Registration District No. ~~4489~~ 6059 — Registered No. 6
City (No. St. Ward)

2. FULL NAME Arthur L Swearengen
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14/1857

7. AGE: YEARS 75 — MONTHS 8 — DAYS 22 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis Co Mo

PARENTS
10. NAME OF FATHER: Samuel D Swearengen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn Nelson
12. MAIDEN NAME OF MOTHER: Nelson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lewis Co Mo

14. INFORMANT: Jelas Swearengen
(Address) Rutledge Mo

15. FILED 11-7, 1932 Idella Wilson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1932

17. I HEREBY CERTIFY, That I attended deceased from Not Present at time of death that I last saw h alive on Nov 6, 1932, and that death occurred, on the date stated above, at 6 O'clock A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic, Valvular, Heart Disease
Mitral Stenosis
Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (3)
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Eugene S. Dennis, M. D.
, 19 (Address) Rutledge 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: Sandhill — DATE OF BURIAL: 11/7/1932

20. UNDERTAKER: Kenayer & Bailey — ADDRESS: Rut

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.

NOV 29 1932 ... 6 AUN