

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

Do not use this space.

**20767**

**1. PLACE OF DEATH**

County Ralls County  
Township Shelby  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

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

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta Swearingen  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21, 1872  
7. AGE YEARS 60 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cashier  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logan Bros. Shulbina, Mo.  
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) Shulbina, Mo.

13. NAME William E. Swearingen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shulbina Co. Mo.

15. MAIDEN NAME Isabelle Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shulbina Co. Mo.

17. INFORMANT Augusta Swearingen (ADDRESS) Clarence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shulbina, Mo. DATE May 6, 1933

19. UNDERTAKER Ray P. Schwab (ADDRESS) Shulbina, Mo.

20. FILED 5/6 19 33

Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Don't know 19 33

22. I HEREBY CERTIFY, That I attended deceased from no attention, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Found in Mississippi River dead. never saw him before

Other contributory causes of importance:

1833

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis observation with the autopsy

23. If death was due to external causes (violence, fall, etc.) also the following: Accident, suicide, or homicide? Don't know 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.

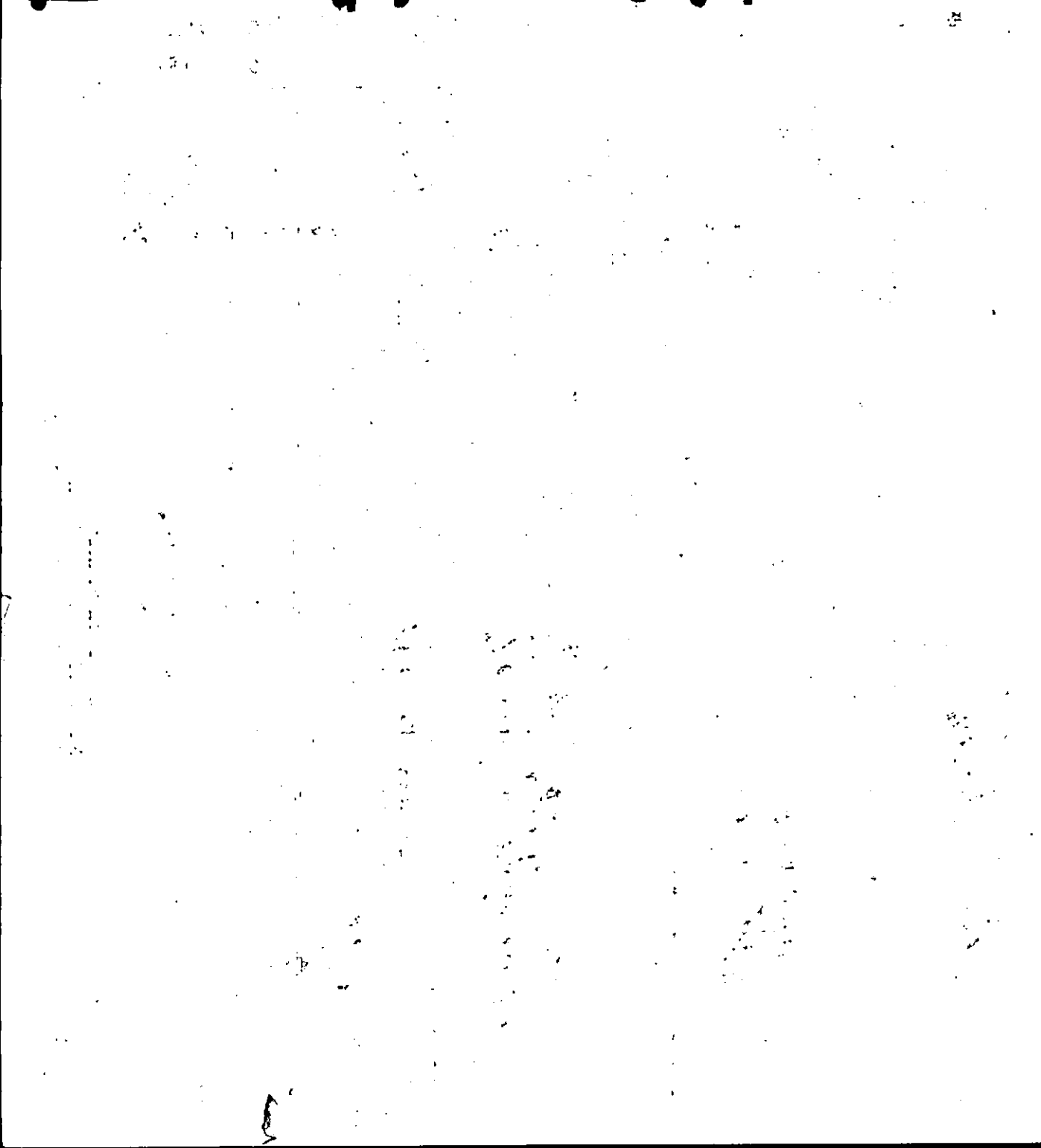
Manner of injury was drowned  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) H. M. Monroe Coroner  
(Address) Clarence, Mo.  
Ralls Co. 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.

JUL 23 1933



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis  
Township Shuerban  
City St. Louis (No.       , St.        Ward       )

Registration District No. 736  
Primary Registration District No. 6958

File No.         
Registered No. June

**2. FULL NAME**

(a) Residence, No.        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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M

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

Augusta Swearingen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 1892

7. AGE YEARS 60 MONTHS        DAYS        If LESS than 1 day, hrs.        min.       

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         
10. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Mr. E. Swearingen

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Isabelle Good

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Augusta Swearingen

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE May 6 1953

19. UNDERTAKER Rev. O. Schwartz (ADDRESS) Manhattan, Mo.

20. FILED 5/6 - 1953 Rago Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1953

22. I HEREBY CERTIFY, That I attended deceased from        to       , 1953

I last saw h.        alive on       , 1953 Death is said

to have occurred on the date stated above, at        m.

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

Coronary atherosclerosis Date of onset         
Arteriosclerosis

Other contributory causes of importance:

Name of operation        Date of       

What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?        Date of injury       , 1953

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?       

If so, specify       

(Signed)       , M. D.

(Address)

S-20967