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

Do not use this space.

26049

File No.

Registered No.

1. PLACE OF DEATH

County DeKalb Registration District No. 259

Township Camden Primary Registration District No. 5359 B

City Maysville (No. , St. Ward)

2. FULL NAME Hugh W. Swartz

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	61	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) (STATE OR COUNTRY) DeKalb Co Missouri

FATHER

13. NAME Samuel Swartz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Lyra Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kindwood Co. Missouri

17. INFORMANT (ADDRESS) Mrs. Fay Kerns, Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE County Cem. DATE 8/2 1933

19. UNDERTAKER (ADDRESS) W. G. Cochran Maysville Mo

20. FILED 8/31 1933 J. O. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , I last saw h[illegible] alive on , and 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:

	Date of onset
Self-inflicted gun shot wound of chest	
Heart	

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? Suicide Date of injury 8/31 1933
Where did injury occur? Home, Maysville Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gun shot wound.
Nature of injury Self-inflicted, Gun shot wound.

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

(Signed) L. E. Saunders, M. D.
(Address) Stewartsville Mo
Coroner DeKalb 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.

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

OCT 20 1933