

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.

SEP 19 1934

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

Do not use this space.

31722

1. PLACE OF DEATH

County Lincoln
Township Centerville
City Nevada (No. _____ St. _____ Ward _____)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 174

2. FULL NAME

Harley Van Sweeringen
(a) Residence, No. 804 N. Main St. 1 Ward 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-7-1864

7. AGE YEARS 70 MONTHS 10 DAYS 10 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as a mill sawyer, bookkeeper, etc. Anticoe and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brides

10. Date deceased last worked at this occupation (month and year) Jan 1931 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlton Missouri

13. NAME John Sweeringen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Ohio

15. MAIDEN NAME Ella Minor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camp Charlotte Ohio

17. INFORMANT (ADDRESS) Ms Ella Sweeringen Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton DATE 8-19-1934

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo

20. FILED Aug 17 1934 M. Eichinger Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from August 12 1934 to Aug 17 1934

I last saw him alive on Aug 17 1934. Death is said to have occurred on the date stated above, at 29 m.

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

Chronic poisoning Hypertrophied prostate Acute myocardial failure

Other contributory causes of importance Ch. Myocardia Hypertrophied prostate

Name of operation _____ Date of _____

What test confirmed diagnosis? 157 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 fall

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. H. Tracy M. D.

(Address) Moreland, Nevada Mo

