MAY 2 5 1935

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

Do not use this space.

12508

1. PLACE OF DEATH 1840 E Cemetery
County Greene Registration District No. 318
Township Primary Registration District No. 2001
City Springfield Mo (No. St. Ward)

File No. 189
Registered No.

2. FULL NAME Hugh Swearengin
(a) Residence, No. Taneyville Mo 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 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~~ Effie Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1873

7. AGE 61 YEARS 6 MONTHS 15 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Christian County Mo

FATHER
13. NAME John Swearengin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Siler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs Effie Swearengin Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fallerson Funeral DATE 4-4 1935

19. UNDERTAKER (ADDRESS) W H Schneider Springfield Mo

20. FILED 4-5 1935 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1935, to Apr 3 1935
I last saw him alive on Apr 3 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	4/1/35
Chronic Nephritis	

Other contributory causes of importance: Cirrhosis of Liver

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, 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) Robert Glynn, M. D.
(Address) Springfield

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.

10GM-11-24-33

Salerno