

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.

JUN 24 1935

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

Do not use this space.

16483

1991

1. PLACE OF DEATH

County Jackson  
Township  
City Kansas City (No. St. Marys Hospital)

Registration District No. 399  
Primary Registration District No. 1609

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

2. FULL NAME

Ed. A. Swearingen  
(a) Residence, No. 8216th St. Kansas City, Kans. 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. 90 da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Mrs. Ida Swearingen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Copper Retired 3 yrs

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) Unknown Pennsylvania

13. NAME Isaac Swearingen

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. Ida Swearingen 8216th St. Kansas City, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods Lane DATE May 11 1935

19. UNDERTAKER (ADDRESS) Samuel B. Byles 144 Kansas Ave. Kansas

20. FILED 5-11 1935 am em cr owl ast Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 9 1935  
I last saw him alive on May 9 1935 Death is said to have occurred on the date stated above, at 5:50 p.m.  
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis  
Chronic myocarditis  
myocardial  
infarction  
Date of onset ?

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis: autopsy Was there an autopsy? Yes

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) J. E. Castle, M. D.  
(Address) 822 Royal Pkwy  
J. E. Castle

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