AUG 24 1937

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

Do not use this space.

File No. 27536

Registered No.

1. PLACE OF DEATH
County Jasper
Township Sarcoxie
City (No. , St. Ward)

Registration District No. 416
Primary Registration District No. 55713

2. FULL NAME Adam Swanger
(a) Residence, No. Sarcoxie, Mo. Rural St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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 America Crawford Swanger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1861

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Lebanon Pennsylvania

FATHER
13. NAME John Swanger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennsylvania

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

17. INFORMANT Riley Swanger
(ADDRESS) Sarcoxie, Missouri

18. BURIAL
PLACE Harvey Cemetery DATE July 26, 1937

19. UNDERTAKER Glen C. Cole
(ADDRESS) Sarcoxie, Missouri

20. FILED 7/26 1937 Geo. Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to July 25, 1937
I last saw him alive on July 20, 1937. Death is said to have occurred on the date stated above, at 9:25 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7/20/37

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Other contributory causes of importance:
Chronic Nephritis

Name of operation Date of
What test confirmed diagnosis? Lab. 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
Nature of injury

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

(Signed) Geo. Simmons, M. D.
(Address) Sarcoxie, Missouri

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 INDELIBLE INK. THIS IS A PERMANENT RECORD

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