

REC'D MAR 22 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County HodawayRegistration District No. 626File No. 7614

Township

Primary Registration District No. 3031Registered No. 12City Marion Mo(No. St. Francis Hospital)St. St. Francis Hospital

Ward)

2. FULL NAME Henry Dawson Swearingen(a) Residence, No. North Main St.

(Usual place of abode)

North Main St.Ward. 652

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Swearingen22. I HEREBY CERTIFY, That I attended deceased from 7-6-6, 1938, to Feb 7, 1938I last saw him alive on Feb 7, 1938. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1852to have occurred on the date stated above, at 8:30 pm.

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

Edwin P. pneumonia Date of onset Feb 23

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 6

Other contributory causes of importance:

Myocardial Failure about 6 mo12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo

MOTHER FATHER

13. NAME Henry Swearingen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Pollie Ann Swearingen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) But Swearingen

18. BURIAL, CREMATION, OR REMOVAL

PLACE MissouriDATE Feb 9, 193819. UNDERTAKER (ADDRESS) Campbell Funeral Home20. FILED Feb 9, 1938By Marie E. Clark

Registrar

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

If so, specify

(Signed) J. B. Swearingen, M. D.(Address) Marion Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

