REC'D DEC 13 1939

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

Do not use this space.

1. PLACE OF DEATH
County Clay
Township Fishing river
City Excelsior Springs, (No. ..... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 3011
File No. 39342
Registered No. 153

2. FULL NAME 1052 Ida Darwin Swearingen
(a) Residence, No. 321 North main St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John A. Swearingen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 11-1872
7. AGE: 67 YEARS, 3 MONTHS, 9 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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): St Joseph Mo 0

FATHER
13. NAME: Spencer Darwin Downing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 1

MOTHER
15. MAIDEN NAME: Anna Evans 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Don't Know~~ Mo

17. INFORMANT (ADDRESS): Warren Swearingen Excelsior Springs, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Perrin, Mo. DATE Nov 22, 1939
19. UNDERTAKER (ADDRESS): Claude Prichard Excelsior Springs, Mo.
20. FILED Nov 22, 1939 Mrs Lee McCracken Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov - 18, 1939, to Nov. 20, 1939
I last saw her alive on Nov 20, 1939. Death is said to have occurred on the date stated above, at 1.40 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Congestive Failure (Circulatory Collapse) | |

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Other contributory causes of importance:
Diabetes
General Edema
Deficiency of Kidneys

Name of operation None Date of
What test confirmed diagnosis Clinical 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) Certon V Dawson, M. D.
180 (Address) 101 South St. Excelsior Springs Mo

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.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/6/39