

JAN 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Benton  
Township Cole  
City Phoebe L. Swearingin (No. 59 Ward 34)

Registration District No. 59  
Primary Registration District No. 3099

File No. 44661  
Registered No. 34

## 2. FULL NAME

(a) Residence, No. Phoebe L. Swearingin St. Phoebe L. Swearingin Ward. Phoebe L. Swearingin  
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? 5 yrs. 5 mos. 5 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jasper Swearingin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 1893  
7. AGE YEARS 42 MONTHS 2 DAYS 8 If LESS than 1 day, 1 hrs. or 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 199  
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) Benton (STATE OR COUNTRY) Mo13. NAME Jackson Wilson14. BIRTHPLACE (CITY OR TOWN) Same (STATE OR COUNTRY)15. MAIDEN NAME Lula Geane16. BIRTHPLACE (CITY OR TOWN) Phoebe L. Swearingin (STATE OR COUNTRY)17. INFORMANT Wesleya Kersch (ADDRESS) Lincoln18. BURIAL, CREATION, OR REMOVAL PLACE La Grange DATE 12-18 193719. UNDERTAKER B. J. Carter (ADDRESS) La Grange20. FILED 1-5- 1938 Eue Belover Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 193722. I HEREBY CERTIFY, That I attended deceased from Oct-19 1936 to Dec-13 1937

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 8 A. m.

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

Antipyrine poisoning followed by a stroke cerebral hemorrhage  
Date of onset

Other contributory causes of importance:

Name of operation 620 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?

If so, specify no(Signed) W. J. Carter M. D.(Address) Marshall

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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haroon was

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

44661X

Do not use this space.

1. PLACE OF DEATH

- (a) County Stanton Registration District No. 59  
(b) Township Cole Primary Registration District No. 3099 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Phoebe L. Swenson

- (a) Residence, No. \_\_\_\_\_ St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid  
(write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 2 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as 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) \_\_\_\_\_

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED 1-5- 1938 Sue Selover Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. F. Sands \_\_\_\_\_, M. D.

(Address) Warsaw Mo

