

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 27 1931

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

Do not use this space.

22353

1. PLACE OF DEATH
 80 County Dallas Registration District 667
 3 Township La Monte Primary Registration District No. 3888
 City La Monte (No. _____) St. _____ Ward _____

2. FULL NAME Jasper S. Swearingin
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where _____ yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

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 Heba Swearingin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	86	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) May 20 1931

11. Total time (years) spent in this occupation 86 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

MOTHER

13. NAME Sterlin Swearingin

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

15. MAIDEN NAME Jane B. Poline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Grove

FATHER

17. INFORMANT Jasper Swearingin
(ADDRESS) La Monte Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE La Monte DATE Jun 3 1931

19. UNDERTAKER B. F. Parker
(ADDRESS) La Monte Mo

20. FILED Jun 3 1931 B. F. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun 3 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to June 3 1931. I last saw him alive on June 3 1931. Death is said to have occurred on the date stated above, at 12:15 am. The principal cause of death and related causes of importance were as follows:

Date of onset _____

Severely + weakness due to it. Could not stand the 1036 H Temp. 106

Other contributory causes of importance: 162 191

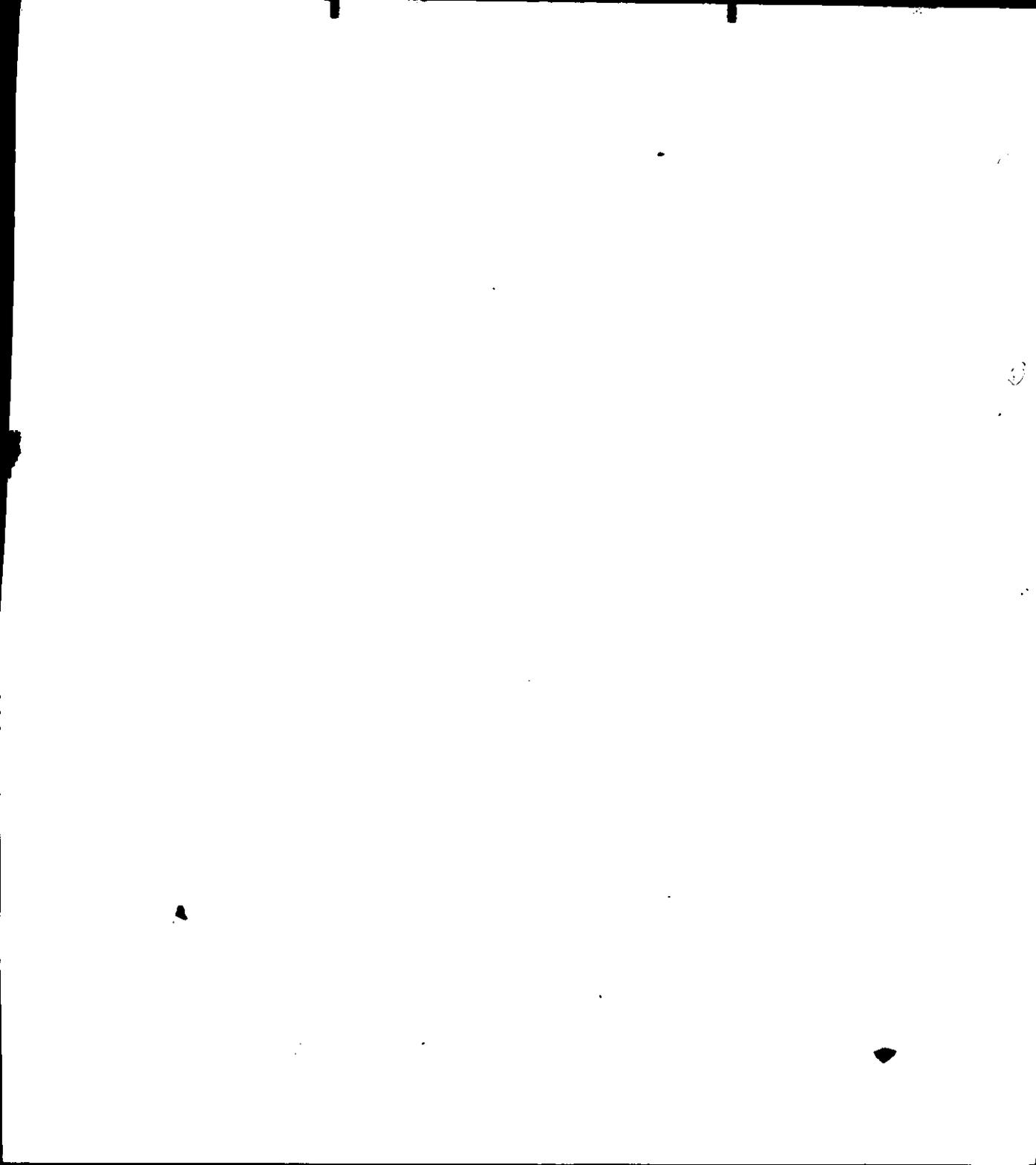
Suspicion Variola

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. E. Walker, M. D. (Address) La Monte Mo



cated by check marks, lacking from the death certificate:

Name: _____

Who died at: _____

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: _____

Contributory: _____

Where was disease contracted? _____

Did operation precede death? _____

Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: _____

Address of physician: _____

Jasper Swearingin
Dumont Mo on June 3, 1931

6

Senility and Weakness
due to it & could not stand the
103 to 4 Temperature. Hypertension
Suspicious Variola

His home

no

W.E. Frae

La

22753