DEC 30 1936

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

Do not use this space.

File No. 43617

Registered No. 22

1. PLACE OF DEATH
County: Webster
Township: E. Barton
City: Fordland (No. ..... St. ..... Ward)

Registration District No. 898
Primary Registration District No. 6203

2. FULL NAME: Charles Everett Swearengin

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

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 27 1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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): Fordland Mo

FATHER

13. NAME: Ira Swearengin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Douglas Co. Mo

MOTHER

15. MAIDEN NAME: Beulah Bird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greene Co. Mo.

17. INFORMANT: Ira Swearengin
(ADDRESS) Fordland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fordland Cem. DATE: Nov. 3, 1936

19. UNDERTAKER: Kelley-Ferrell
(ADDRESS) Fordland Mo

20. FILED: 11-7, 1936 Lester W. Good
Registrar.

A.M. 8.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1936, to Nov. 2, 1936
I last saw him alive on Nov. 2, 1936. Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dehydration	?
Starvation acidosis	?
Other contributory causes of importance	
Anuria	10/31/36
acidotic injury to kidneys	?
Inability to retain nutrition	10/15/36

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) Howard T. Mason D.O.
(Address) Fordland, Mo.

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