CERT OCT 25 1938

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

32824
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe Registration District No. 581
(b) Township Primary Registration District No. 4343 Registered No. 30
(c) City Monroe City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mark Twain Swearengen Sr.
(a) Residence, No. 305 Sth 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: 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 Maude E. Swearengen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8-1871

7. AGE: Years 67 Months 8 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Care Taker
9. Industry or business in which work was done, as saw mill, bank, etc. Live Poultry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 35 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelvina Missouri

FATHER
13. NAME Bryant Swearengen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Polly Ann Anders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Walter A. Swearengen (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Jude's Cemetary Monroe City DATE Sept. 30th, 1938

19. FUNERAL DIRECTOR (NAME) Wilson & Son (ADDRESS) Monroe City Mo

20. FILED 9/29, 19 W. R. Pipkin Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1928, 19, to Sept 28, 1938
I last saw him alive on Sept 28, 1938 Death is said to have occurred on the date stated above, at 1:35 p. m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 9-28-38

Other contributory causes of importance: Mitral Stenosis and Insufficiency — 1928

Name of operation None Date of
What test confirmed diagnosis? Electro cardiograph Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Monroe City Mo

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(Licensed Embalmer's Statement on Reverse Side)

IMPORTANT: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHRASEOLOGY should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Health Officer No. 10
District File Number 10-38-303
Date Filed 10-2-38

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**