

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

35862
 Do not use this space.

NOV 21 1938

1. PLACE OF DEATH
 (a) County Boone Registration District No. 287
 (b) Township Antlers Primary Registration District No. 5540 Registered No.
 (c) City West Plains, Mo Rt 1 (d) Street No. St.
 (e) Length of residence in city or town where death occurred 6 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Crawford H. Swearingen
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary R. Swearingen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-17-1854
 7. AGE YEARS MONTHS DAYS 0 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16-1938
 22. I HEREBY CERTIFY, That I attended deceased from 10/12-1938 to 10-16-1938
 I last saw h. l. m. alive on 10-15-38 Death is said to have occurred on the date stated above, at 8:35 P m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

Broncho pneumonia Date of onset 10-10-38
9 1/2
 Other contributory causes of importance: Chr. Myocarditis 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montpelier, Virginia
 13. NAME Samuel Swearingen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 15. MAIDEN NAME Wilk Schneider
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York
 17. INFORMANT (ADDRESS) John Swearingen West Plains, Mo Rt 1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mackey DATE 10-19-1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robertson West Plains, Mo
 20. FILED 19..... Local Registrar.

Name of operation 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) Dr. Callahan M. D.
 247 (Address) Willow Springs, Mo
Dr. Callahan

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

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,

Doctery A Roberts

....., or by

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

Signed.....

Doctery A Roberts

Licensed Embalmer No.....

3432

P. O. Address.....

Waco, Texas, U

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

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

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION SHOWN
HEREON MUST BE WRITTEN ON
THIS SUPPLY OF PAPER

30862

1. PLACE OF DEATH

County Howell Registration District No. 387
Township Dry Creek Primary Registration District No. 5-5-40
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Erasmus H. Swearingen
(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) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-27-1884

7. AGE YEARS 84 MONTHS 5 DAYS 17 UNLESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain View Va

13. NAME Samuel Swearingen

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

15. MAIDEN NAME Mrs. K. Schneider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt.

17. INFORMANT (ADDRESS) John Swearingen
West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mackley DATE 10-19 1938

19. UNDERTAKER (ADDRESS) Rev. Robertson
West Plains Mo

20. FILED 12-6 1938 Dora Gage Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16 1938

I HEREBY CERTIFY, That I attended deceased from 10-12 1938 to 10-16 1938
I first saw him alive on 10-12 1938 Death is said to have occurred on the date stated above, at 8:30 P.

The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset _____

Other contributory causes of importance:
Chr. Myo Carditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) C. T. Callahan, M. D.
(Address) Willow Springs Mo

N. B.—Every item of information should be carefully supplied. AGE MUST 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.

