

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

33333

Do not use this space.

88
 (a) County Randolph 2 Registration District No. 781
 (b) Township Silver Creek 1 Primary Registration District No. 5973 Registered No. 14
 (c) 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN HENRY SWETNAM
 (a) Residence, No. 355 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF myrtle swetnam
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 4 25
 OCCUPATION 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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co
 FATHER 13. NAME Bartie Swetnam
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME Mary Catherine Walker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Miss Ruth Swetnam (ADDRESS) Mooverly Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Renoaks DATE Sept 18, 1939
 19. FUNERAL DIRECTOR (NAME) Tom B. Patton (ADDRESS) Huntersville Mo
 20. FILED Sept 26, 1939 J. Bradsher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1939
 22. I HEREBY CERTIFY That I attended deceased from Aug 7, 1939 to Sept 16, 1939
 I last saw him alive on Sept 13, 1939 Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:
arterial sclerosis Date of onset.....
 Other contributory causes of importance: nephritis
 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? reflects
 If so, specify.....
 (Signed) J. H. Kiser M. D.
 (Address) 119 Bee Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

State Director
Health

RECEIVED
District Health Officer No. 10
District File Number 10-29-1805
Date Filed OCT 11 1939

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 Tom B. Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville Ala

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33333
Do not use this space.

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 731
 (b) Township Shelton Green Primary Registration District No. 2713 Registered No. _____
 (c) City Sugar (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Swetnam
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (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.
79 4 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____
 FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 MOTHER 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 8-17-29 19____ Local Registrar.

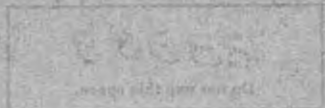
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16, 1939
 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:
arterial sclerosis
causing
99
 Date of onset _____
 Other contributory causes of importance:
nephritis acute
 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) J. H. Winn, M. D.
 (Address) Hughes mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

THIS IS ONE OF THE FORMS TO BE USED IN THE STATE OF MISSOURI FOR THE PURPOSE OF OBTAINING A DEATH CERTIFICATE.



1. **PLACED OF DEATH** _____
 2. **LOCALITY** _____
 3. **RESIDENT** _____
 4. **DEATH** _____
 5. **DATE OF DEATH** _____
 6. **AGE** _____
 7. **SEX** _____
 8. **RACE** _____
 9. **EDUCATION** _____
 10. **OCCUPATION** _____
 11. **RELIGION** _____
 12. **PREVIOUS ILLNESS** _____
 13. **CAUSE OF DEATH** _____
 14. **MANNER OF DEATH** _____
 15. **PLACE OF BURIAL** _____
 16. **DATE OF BURIAL** _____
 17. **NAME OF FUNERAL HOME** _____
 18. **NAME OF MINISTER** _____
 19. **NAME OF CHURCH** _____
 20. **NAME OF CEMETERY** _____
 21. **NAME OF INTERMENT** _____
 22. **NAME OF FUNERAL HOME** _____
 23. **NAME OF MINISTER** _____
 24. **NAME OF CHURCH** _____
 25. **NAME OF CEMETERY** _____
 26. **NAME OF INTERMENT** _____

MEDICAL CERTIFICATE OF DEATH

1. **DATE OF DEATH** _____
 2. **TIME OF DEATH** _____
 3. **PLACE OF DEATH** _____
 4. **LOCALITY** _____
 5. **RESIDENT** _____
 6. **DEATH** _____
 7. **AGE** _____
 8. **SEX** _____
 9. **RACE** _____
 10. **EDUCATION** _____
 11. **OCCUPATION** _____
 12. **RELIGION** _____
 13. **PREVIOUS ILLNESS** _____
 14. **CAUSE OF DEATH** _____
 15. **MANNER OF DEATH** _____
 16. **PLACE OF BURIAL** _____
 17. **DATE OF BURIAL** _____
 18. **NAME OF FUNERAL HOME** _____
 19. **NAME OF MINISTER** _____
 20. **NAME OF CHURCH** _____
 21. **NAME OF CEMETERY** _____
 22. **NAME OF INTERMENT** _____
 23. **NAME OF FUNERAL HOME** _____
 24. **NAME OF MINISTER** _____
 25. **NAME OF CHURCH** _____
 26. **NAME OF CEMETERY** _____
 27. **NAME OF INTERMENT** _____

PERSONAL AND STATISTICAL PARTICULARS

1. **DATE OF BIRTH** _____
 2. **AGE** _____
 3. **SEX** _____
 4. **RACE** _____
 5. **EDUCATION** _____
 6. **OCCUPATION** _____
 7. **RELIGION** _____
 8. **PREVIOUS ILLNESS** _____
 9. **CAUSE OF DEATH** _____
 10. **MANNER OF DEATH** _____
 11. **PLACE OF BURIAL** _____
 12. **DATE OF BURIAL** _____
 13. **NAME OF FUNERAL HOME** _____
 14. **NAME OF MINISTER** _____
 15. **NAME OF CHURCH** _____
 16. **NAME OF CEMETERY** _____
 17. **NAME OF INTERMENT** _____
 18. **NAME OF FUNERAL HOME** _____
 19. **NAME OF MINISTER** _____
 20. **NAME OF CHURCH** _____
 21. **NAME OF CEMETERY** _____
 22. **NAME OF INTERMENT** _____

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 DEPARTMENT OF HEALTH
 COLUMBIA, MISSOURI

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

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Do not use this space.

(a) County Randolph 2 Registration District No. 781
(b) Township Silver Creek 1 Primary Registration District No. 5973 Registered No. 14
(c) 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 _____ yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME JOHN HENRY SWETNAM
HARVEY

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. SEX <u>male</u>	4. COLOR OR RACE <u>W</u>	3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Myrtle Swetnam</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 30, 1960</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>4</u>
		DAYS
		<u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co 0</u>		
13. NAME <u>Bertie Swetnam</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown 9</u>		
15. MAIDEN NAME <u>Mary Catharine Walker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Miss Ruth Swetnam</u> <u>Novels, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arnolds</u> DATE <u>Sept 18, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Tom B. Patton</u> <u>Hunterville, Mo</u>		
20. FILED <u>Sept 26, 1939</u> <u>Arnolds, Mo</u> Local Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1939

22. I HEREBY CERTIFY That attendant deceased from Aug 7, 1939 to Sept 16, 1939
I last saw him alive on Sept 13, 1939 Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:
arterial sclerosis Date of onset _____
nephritis ✓
Other contributory causes of importance: _____
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? nephritis
If so, specify _____
(Signed) J. H. Gibson M. D.
(Address) J. H. Gibson 240

Item #2 corrected by an affidavit from the Informant - 4-16-73

