

1 PLACE OF DEATH
 COUNTY OF ESERALDA

NEVADA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 DUPLICATE CERTIFICATE OF DEATH

TOWN OF Highway bet. Coaldale + Blair Junction
 CITY OF Las Vegas Registration District
 (No. Resident of Tonopah, Nye County - California Street St. Ward)

State Index No. _____
 LOCAL REGISTERED NO. 2144
 (If death occurred in a hospital or institution, give the NAME, number of street and number, and Bldg. No. 15.)

*Full Name Samuel Seymour Swart Widower (Mrs Swart)

PERSONAL AND STATISTICAL PARTICULARS

2 SEX male 4 COLOR OR RACE white 3 Single Married Widowed Divorced
 (Write the word)

5 DATE OF BIRTH Dec. 14 1861
 (Month) (Day) (Year)

7 AGE 74 yrs 7 mos 13 ds If LESS than 1 day, hrs., or min.

8 OCCUPATION (a) Trade, profession or particular kind of work Blacksmith mines
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Wisconsin

10 NAME OF FATHER Henry Swart

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER Eva Conroy

13 BIRTHPLACE OF MOTHER (State or country) unknown

13a. LENGTH OF RESIDENCE
 At place of death _____ years _____ months
 In Nevada 30 years _____ months

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Raye Northrop
 (Address) Hollywood California

15 Filed 192 _____
19 36 _____
R. P. Bisset Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 14 1936
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 192 _____ 192 _____
 that I last saw h. _____ alive on _____ 192 _____

and that death occurred on the date stated above about 12:30 P.M.
 The CAUSE OF DEATH* was as follows: Auto accident -

Car out of control at high speed, turned over three times, ejecting deceased thro the top landing in his truck. Skull fractured, chest crushed, death instantaneous.
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) T. R. Murphy, Coroner SE-D
 _____ 192 _____ (Address) Las Vegas Nevada

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal

18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents
 Former or Usual Residence _____ Now located _____
 (Place of death) _____ Days

Where was disease contracted, if not at place of death: _____

19 PLACE OF BURIAL OR REMOVAL Tonopah, Nevada DATE OF BURIAL July 16 1936

20 UNDERTAKER William F. Logan ADDRESS Tonopah, Nevada