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

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

MAR 16 1928

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 4124

Township — Primary Registration District No. 1001 — Registered No. 222

City St. Joseph, (No. 1017 Edmond Street St. Ward)

2. FULL NAME Margaret Sweeney

(a) Residence. No. 1017 Edmond Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 29 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22. 1870.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	1	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Daniel Sweeney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Johanna Ryan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

14. INFORMANT Nellie Sweeney (Address) 1017 Edmond Street.

15. FILED FEB 23 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1925, to Feb 21, 1928, that I last saw her alive on Feb. 20 1928, and that death occurred, on the date stated above, at 5. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of right Ovary

49A

46

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1925

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? micro. of spec.

(Signed) Frank Hardigan, M. D

Feb. 22, 1928 (Address) Kirkpatrick Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery — DATE OF BURIAL Febr. 23 1928

20. UNDERTAKER H. O. Sidenfaden — ADDRESS 1802 Union Str.