

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.

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

Do not use this space.

10083

1. PLACE OF DEATH

County Butte Co.

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No.)

File No.

Registered No. 92

St.

Ward

2. FULL NAME

(a) Residence. No. 115 S. Park

St.

Ward

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs.

Mos.

da. 4

How long in U.S., if of foreign birth?

Yrs.

Mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

✓

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

Mar 21 - 1928

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

1

1

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

✓

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

✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Sedalia

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Jos. Sweney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Clifton City

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Nettie Mae Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Calhoun

(STATE OR COUNTRY)

Mo.

14.

INFORMANT Mrs. Berrie B. DeKohrs
(Address) Sedalia

15.

FILED 3-27-28

Jes. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar 25 1928

17.

I HEREBY CERTIFY, That I attended deceased from

Mar 21

1928 to

Mar 25

1928

that I last saw him/her alive on

Mar 25

1928, and that

death occurred, on the date stated above, at

5:30 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

1546 / 1

(duration)

Yrs.

Mos.

da.

CONTRIBUTORY (SECONDARY)

Eclampsia of mother

(duration)

Yrs.

Mos.

da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

A. L. Walter

M. D.

, 19

(Address)

Sedalia Mo

*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

DATE OF BURIAL

Crown Hill

3-26 1928

20. UNDERTAKER

The Langhorne Bros. Co.

ADDRESS

Sedalia

