

26808

Dr. Aldridge

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

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 211
St. Ward)

2. FULL NAME

Mrs. Sarah Elizabeth Sweaney

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Married

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

A.R. Sweaney

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

Mar-3-1856

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

72

5

27

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Miller County, Mo

10. NAME OF FATHER Ephriam Rush

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Sallie Loveall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

14. INFORMANT Mrs. Ben Nilges

(Address) Jefferson City, Mo

15. FILED 9-7-28 J. W. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 19 28

I HEREBY CERTIFY That I attended deceased from Aug 5, 1928, to Aug 30, 1928 that I last saw h. alive on Aug 30, 1928, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2A
998 Cerebral hemorrhage
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Eced arteriosclerosis abilitans
(duration) yrs. mos. ds. 2

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) M. B. Reddridge M. D.

Aug 31, 1928 (Address) Helms

*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

River View Cemetery

DATE OF BURIAL

9/1 19 28

20. UNDERTAKER

Wymore-Gordon

ADDRESS

J. C. 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.

