NOV 21 1928

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

Do not use this space.

33255

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No.
Township Athens — Primary Registration District No. 5427 — Registered No. 53
City ~~Athens~~ (No. ..... St. ..... Ward)

2. FULL NAME Kathleene Ruth Sweeney
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

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) Nov. 29 1914

7. AGE: 13 YEARS, 10 MONTHS, 29 DAYS — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Gentry Co.

PARENTS
10. NAME OF FATHER: John Sweeney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co.
12. MAIDEN NAME OF MOTHER: Flectie Magee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co.

14. INFORMANT (Address): John Sweeney, Albany Mo.

15. FILED Nov. 10, 1928 W. T. Martin, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 12th, 1928, to Oct 28th, 1928, that I last saw her alive on Oct 28th, 1928, and that death occurred, on the date stated above, at 4-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Bronchial Pneumonia
11A
11A
10A
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): acute Influenza
(duration) yrs. mos. 5 ds.

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) W. S. Campbell, M. D.
Nov. 10, 1928 (Address) Albany 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: Granview — DATE OF BURIAL: Oct. 30 1928

20. UNDERTAKER: A. T. Bare — ADDRESS: Albany

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.