Bohon Mrs Neil

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

Do not use this space.

42001

1. PLACE OF DEATH
County: Pettis
Township:
City: Sedalia (No. ; St. ; Ward)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 337

2. FULL NAME Mary Ellen Sweeney

(a) Residence. No. 810 E 5th St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: of Tom Sweeney.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 5-1865

7. AGE: Years 63 | Months 1 | Days 15 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife.
(b) General nature of industry, business, or establishment in which employed (or employer): House work.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Pettis Co
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Jackson Bohon
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Perry Ville
(STATE OR COUNTRY): Kentucky.
12. MAIDEN NAME OF MOTHER: Ella Adkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Horsebeg
(STATE OR COUNTRY): Ky.

14. INFORMANT: Thos Sweeney
(Address): 810 E 5th

15. FILED 12-21 1928 J. G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/20 1928

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to Dec 20, 1928, that I last saw her alive on Dec 12, 1928, and that death occurred, on the date stated above, at 7:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Carcinoma of uterus
(2)

40 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Do not know
(duration) yrs. mos. ds.

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

O DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) Chas Lawrence, M. D
Dec 22, 1928 (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: Sedalia Mo | DATE OF BURIAL: 12/22 1928

20. UNDERTAKER: McLaughlin Bros | ADDRESS: Sedalia