

1929

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

Do not use this space.

878

1. PLACE OF DEATH

County Leikalg
Township Polk
City Union Star (No.) St. Ward)

Registration District No. 4161
Primary Registration District No. 262

File No.
Registered No.

2. FULL NAME

Clarey Edna Sweet

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

Length of residence in city or town where death occurred 40 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 Clyde Sweet
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22, 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 | 11 | 18

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)

9. BIRTHPLACE (CITY OR TOWN) Cayser City, Kansas
(STATE OR COUNTRY)

10. NAME OF FATHER Adrian Chapman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hopkin, Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Married Chapman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Plymouth, Ohio
(STATE OR COUNTRY)

14. INFORMANT Clarey Edna Sweet
(Address) Union Star, Mo

15. FILED 114 29 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 14th 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1928, to Jan 14 1929, that I last saw her alive on Jan 9 1929, and that death occurred, on the date stated above, at A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Rheumatic Pericarditis
131
90A

(duration) 4 yrs. mos. ds.
CONTRIBUTORY Albuminuria Nephritis
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WERE THE DISEASE CONTRACTED 1918
IF NOT AT PLACE OF DEATH
DID OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS Hist + nitric Acid
(Signed) A O Varner, M. D.
1411, 1929 (Address) Union Star 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 Union Star Cemetery DATE OF BURIAL Jan 15 1929
20. UNDERTAKER H. O. Wilson ADDRESS King City, 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.

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