

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

Do not use this space.

6836

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (No. Kansas City Gene Hosp)

Registration District No. 399  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 1002  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sweeney Infant

(a) Residence. No. 1221 Broadway St. Ward. 1

(If nonresident, give city or town and State)

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**

F

**4. COLOR OR RACE**

W

**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)**

2-27-29

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, 9 hrs. or 9 min.

**8. OCCUPATION OF DECEASED**

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

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Kansas City

(STATE OR COUNTRY)

Mo

**10. NAME OF FATHER**

Clair Sweeney

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ill

**12. MAIDEN NAME OF MOTHER**

Penah Mae

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Springfield Mo

**14.**

INFORMANT

(Address)

Reina Clark  
K.C. Gene Hosp.

**15.**

FILED

19

2/28 29 M. Lawrence

REGISTRAR

Assn

**MEDICAL CERTIFICATE OF DEATH**

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

2-27 19 29

**17.**

I HEREBY CERTIFY, That I attended deceased from

2-27 1929 to 2-27 1929  
that I last saw him alive on 2-27 1929 and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Prematurity (6-7 months Infant)

159 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

161W (duration) yrs. mos. 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) P. A. Williams M. D.

2-28 19 29 (Address) Subst K.C. Gene Hosp

\*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

Memorial Park 2/28/29

**20. UNDERTAKER**

ADDRESS

J. A. Butler Kc Mo

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.

2  
PARENTS  
1

