NOV 3 1930

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

Do not use this space.

31004

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 67033 B — Registered No. 273
City (No. Midland Dan. St. Ward)

2. FULL NAME James Sweeney
(a) Residence. No. 5917 a Wells Ave. 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: Male
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: Elizabeth Sweeney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 3 1861

7. AGE: Years 69 — Months 2 — Days 19 — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

PARENTS
10. NAME OF FATHER: Patrick Sweeney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Elizabeth Sweeney
(Address) 5917 a Wells Ave.

15. FILED 9/24 1930 Rolla Bracy M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 22 1930.

17. I HEREBY CERTIFY, That I attended deceased from Sept Sept 21, 1930, to Sept 22 1930 that I last saw him alive on ....., 19.., and that death occurred, on the date stated above, at 2.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
45 C
131 (duration) 1 yrs. 1 mos. 2 ds.

CONTRIBUTORY (SECONDARY): carcinoma of mouth
(duration) yrs. 1 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: home
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 21
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Rolla Bracy, M. D.
Sept 23 1930 (Address) 6400 Eastman

*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: Calvary cem. — DATE OF BURIAL: Sept 25 1930.

20. UNDERTAKER: Jos. W. Clark — ADDRESS: 1125 Hodiamont Ave.

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.