

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

Do not use this space.

1830

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Silicia (No. _____)

Registration District No. 421
Primary Registration District No. 421
5-3-75

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Silicia Mo. St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Elizabeth Sweeney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 11 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) General Farming
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Horseshoe Springs
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Sweeney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucinda Rocuss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Mrs. Francis Sweeney
(Address) Hemlock Mo. R.#1

15. FILED 1/29 1931 J.E. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 18 1930 to Jan 18 1931, 1931
that I last saw him alive on Jan 18 1931, 1931, and that death occurred, on the date stated above, at 6:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic cystitis & en-
larged Prostate, nephritis
132A
137 (duration) yrs. mos. ds.
135B
CONTRIBUTORY Senile debility
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH DATE OF _____

WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J.E. Rutledge, M. D.

1/19 1931 (Address) Festus, 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 DATE OF BURIAL

Randy Church Mo 1-21 1931

20. UNDERTAKER ADDRESS

Quester & Unyard Festus Mo.

WHITE 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.

