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.

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

Do not use this space.

21756

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township — Primary Registration District No. 1002
City Kansas City, Mo. (No. 1408 Collins St. Ward)

File No.
Registered No. 2896

2. FULL NAME Lucy S. Sweigart
(a) Residence, No. 1408 Collins, Kansas City, Mo. St. Ward 12
(Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Sweigart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 15, 1860

7. AGE: YEARS 71 — MONTHS 4 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Muir, Michigan

FATHER
13. NAME: Hiram Monroe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohran, Ohio

MOTHER
15. MAIDEN NAME: Sarah Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

17. INFORMANT (ADDRESS): Mrs. Richard E. Clark, 1408 Collins, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE July 2, 1931

19. UNDERTAKER (ADDRESS): Jos. A. Butler & Son, Kansas City, Kansas

20. FILED 7/1, 1931 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to June 30-31, 19.....
I last saw her alive on June 30-31, 19..... Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	8
Brain Hemorrage	8
Paralisis of Entire left side	8
82	97

Other contributory causes of importance:
Bronchial Pneumonia
onset Jun 27 from Paralisis of lung

Name of operation: none — Date of: none
What test confirmed diagnosis? Lab — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury ....., 19.....
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. A. Warren, M. D.
(Address) 416 Gubel K C Mo