

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

Do not use this space.

31957

**1. PLACE OF DEATH**

38

County Gentry  
Township Millert  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 313  
Primary Registration District No. 5432

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

**2. FULL NAME**

Elgera N Sweat

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John R Sweat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 7 22

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 35  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo.

FATHER  
13. NAME Hiram Claycomb.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER  
15. MAIDEN NAME Minerva Whitton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT S. F. Sweat  
(ADDRESS) Mc Fall Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fairview DATE Oct. 12, 1932

19. UNDERTAKER G. S. Groner  
(ADDRESS) Pattonsburg Mo.

20. FILED 10-22, 1932 W. G. Pender  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Thu 1930 to Oct 10 1932  
I last saw h. alive on Sept 23 1932 Death is said to have occurred on the date stated above, at 3.30a.  
The principal cause of death and related causes of importance were as follows:

Date of onset 1910/52  
apoplexy  
82A  
Other contributory causes of importance:  
arterio sclerosis 1928  
hypertension 1926

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_  
(Signed) G. S. Groner, M. D.  
(Address) King City, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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