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.

8973

1. PLACE OF DEATH

County Cooper — Registration District No. 221 — File No.

27 Township Otterville — Primary Registration District No. 63026 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lucy Ann Sweeney

(a) Residence, No. Clifton City Mo. St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dennis Sweeney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 11, 1861

7. AGE: YEARS 71 — MONTHS 4 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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): Pilot Grove Mo.

FATHER

13. NAME: Patrick Mullenegar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Margaret Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): P D Sweeney, Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 3/10 1933

19. UNDERTAKER (ADDRESS): McLaughlin Bros, Sedalia Mo

20. FILED 3/4 1933 Robt L Foye Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-7-33 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to March 7, 1933

I last saw her alive on 3-4-33, 19..... Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

Diabetes — Date of onset

59 — 59

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

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) E C Holtzen, M. D.

(Address) Smithton Mo