

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township White
City Lincoln (No. _____)

Registration District No. 60
Primary Registration District No. 5095

File No. **18870**
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Merritt Sweeney

(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 10 yrs. 3 mos. 27 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 Cora E. Sweeney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1867

7. AGE YEARS MONTHS DYS If LESS than 1 day, _____ hrs. or _____ min.
65 11 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

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) June 1933 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonough Co. Illinois

13. NAME Father John B. Sweeney

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

15. MAIDEN NAME Sarah Apple

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

17. INFORMANT (ADDRESS) M. J. Sweeney, Ave. Pa.

18. BURIAL, CREMATION, OR REMOVAL PLACES Lincoln Ceme. DATE June 30 1933

19. UNDERTAKER (ADDRESS) J. B. Calbert, Lincoln Mo.

20. FILED 7-1-1933 Mrs. Amy K. Rhodes Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1933

I HEREBY CERTIFY That I attended deceased from June 25 1933 to June 28 1933

I last saw him alive on June 27 1933 Death is said to have occurred on the date stated above, at 7:10 p.m.

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

93C
Cardiac Failure
95B

Other contributory causes of importance: Cardiovascular Sclerosis

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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? ✓
If so, specify _____

(Signed) E. C. Rhodes, M. D.
(Address) _____

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.

JUL 20 1933

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WRITE PRINTS, WITH UNFADING INK—THIS IS A PERMANENT RECORD

