

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

Do not use this space.

**25823**

**1. PLACE OF DEATH**

County Cass  
Township Angloize  
City..... (No.....).....

Registration District No. 275  
Primary Registration District No. 5-170B

File No.....  
Registered No. 11 St. 1 Ward)

**2. FULL NAME**

(a) Residence, No. Clide L. Sweeney Jr. 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. 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>9</u>	<u>17</u>	

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

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) Calif.

13. NAME Clide Sweeney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lodi, Ca

15. MAIDEN NAME Lala Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenaca, Mo

17. INFORMANT Lala Sweeney (ADDRESS) Stoutland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutland, Ca DATE 8-12, 1931

19. UNDERTAKER J. O. Tramm (ADDRESS) Stoutland, Ca

20. FILED 8-12, 1931 W. O. Reed Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931, to Aug 11, 1931.

I last saw him alive on Aug 1, 1931. Death is said to have occurred on the date stated above, at 6:00 m.

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

Iliac colitis  
gastroenteritis  
with perforation  
Date of onset \_\_\_\_\_

Other contributory causes of importance: Autointoxication

with perforation

Name of operation none 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. O. Reed, M. D.  
(Address) Stoutland, Ca

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.

OCT 20 1933

