

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.

SEP 26 1933

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

Do not use this space.

26544

**1. PLACE OF DEATH**

County Jackson Registration District No. 299  
 Township Kaw Primary Registration District No. 100  
 City Kansas City (No. 223 No. Jackson) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3288  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. May Gage Sweeney

(a) Residence, No. 223 No. Jackson St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jno. T. Sweeney</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 16th, 1862</u>					
7. AGE YEARS <u>70</u>		MONTHS <u>10</u>		DAYS <u>1</u>	
IF LESS than 1 day, _____ hrs. or _____ min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>				
	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) <u>Wisc.</u>					
FATHER	13. NAME <u>Wheeler W. Gage</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisc.</u>				
MOTHER	15. MAIDEN NAME <u>Mary Wheeler</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>				
17. INFORMANT <u>Jno. T. Sweeney</u> (ADDRESS) <u>223 No. Jackson</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Pk. Cem.</u> DATE <u>8/19/33</u>					
19. UNDERTAKER <u>W. F. Lavberry</u> (ADDRESS) <u>City</u>					
20. FILED <u>8/17 1933</u> <u>M. M. Brown</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1933 to Aug 17 1933  
 I last saw her alive on Aug 14 1933 Death is said to have occurred on the date stated above, at 6.30 A.m.

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

Pericarditis Arteriosclerotic  
11/2  
 Date of onset 1933  
 Other contributory causes of importance: 710

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Blot Exam 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) Paul S. Pring, M. D.  
 (Address) 607 Argyle Bldg  
St. Mo.

Dr. D. J. Tracy

Argyle, N.Y.

No 0848