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.

JUN 27 1934

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

Do not use this space.

19265

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No. 95

Township ~~Center~~ — Primary Registration District No. 3039 — Registered No.

City Nevada (No. , St. Ward)

2. FULL NAME Frank H. Sweet

(a) Residence, No. St., Ward. Kansas City Mo.
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie H. Sweet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 5 1865

7. AGE — YEARS 68 — MONTHS 8 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) New York

FATHER

13. NAME John Sweet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Sarah Cornell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Annie H. Sweet Los Angeles, California

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo. DATE May 26, 1934

19. UNDERTAKER (ADDRESS) Allen V. Hays Nevada Mo.

20. FILED May 26, 1934 W. M. Nunni Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934, to May 25, 1934

I last saw him alive on May 25, 1934. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

	Date of onset
~~May 22~~	
Cerebral Hemorage	
82 A	
97	

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation ✓ Date of —

What test confirmed diagnosis? — 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) [signature], M. D.

(Address) Nevada, Mo.

JUN 2 1947