

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 22 1935

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

Do not use this space.

29215

1. PLACE OF DEATH

County

Gentry
Athens

Registration District No.

309
5427

Township

Primary Registration District No.

City

(No.

St.

Ward)

2. FULL NAME

Henry M. 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

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)

Widowed

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

Widowed-Joseph

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

June 15, 1857

7. AGE

YEARS
78

MONTHS
4

DAYS
15

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired

10. Date deceased last worked at this occupation (month and year)

1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Albany Mo.

MOTHER FATHER

13. NAME

Joel J. Sweeney

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

Kentucky

15. MAIDEN NAME

Isabelle Miller

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

Virginia

17. INFORMANT (ADDRESS)

Mrs Burgess Albany Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Highland

DATE

Oct. 2, 1935

19. UNDERTAKER (ADDRESS)

Robert P. Martin Albany Mo

20. FILED

Oct. 1, 1935

W. F. Madson Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 16, 1935, to Sept. 30, 1935.

I last saw him alive on *Sept. 30, 1935.* Death is said

to have occurred on the date stated above, at *3:30 p.m.*

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

Cancer of Stomach later extending to liver.

Date of onset

Other contributory causes of importance:

Name of operation

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? *no*

If so, specify

(Signed) *W. F. Martin*, M. D.

(Address) *Albany, Mo.*

