

JUL 10 1937

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

Do not use this space.

22827

1. PLACE OF DEATH

County Jackson
Township Jean
City Jean (No. 1002)

Registration District No. 399
Primary Registration District No. 1002

File No. 22827
Registered No. 2073 (Ward)

2. FULL NAME

Waree Sweet
(a) Residence, No. 8150 Wornall Road Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 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) July 15 '31
7. AGE YEARS MONTHS DAYS 5 11 1 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Mo

13. NAME Waree Sweet

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

15. MAIDEN NAME Ethel Edgar

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

17. INFORMANT (ADDRESS) Reverend Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Jean Lawn DATE 6-18-37

19. UNDERTAKER (ADDRESS) Mrs. C. L. Frontier

20. FILED 6-18-37 M. M. Croore, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-7-37 to 6-16-37, 1937

I last saw him alive on 6-16-37, 1937. Death is said to have occurred on the date stated above, at 12:25 PM

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

Bacterial Endocarditis with infarction of lungs

157C
Other contributory causes of importance:
Congenital Heart Disease

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 1937

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) P. F. De Marier, M. D.
(Address) Sup't K.C. Gen'l Hosp

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.

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