

DEC 27 1937

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

Do not use this space.

42121

1. PLACE OF DEATH
County Pettis Registration District No. 665
Township Sedalia Primary Registration District No. 3232
City Sedalia (No.) St. Ward (.....)

File No. 323325
Registered No. 668

2. FULL NAME Mrs. Loretta P. Sweeney
(a) Residence, No. 925 East 3rd St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1889
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 7 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis
(STATE OR COUNTRY) Missouri

MOTHER
FATHER
13. NAME Patrick Wallace

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

15. MAIDEN NAME Elizabeth Long

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

17. INFORMANT Francis Wallace
(ADDRESS) 925 East 3rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 11/18/37 19.

19. UNDERTAKER Duane Ewing
(ADDRESS)

20. FILED Nov-19 1937 Jean Black
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-29, 1936, to Nov 18, 1937
I last saw h. alive on Nov 16, 1937 Death is said to have occurred on the date stated above, at 10 m.

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

Congestive Decongestions Date of onset 11-17-37
(Heart Block)

Other contributory causes of importance:

Arterio Sclerosis
hypertension

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical test (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) Wm. E. Purcell, M. D.
(Address) 111 W. 4th Sedalia Mo

930

Dr. Monroe

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42121
Do not use this space.

1. PLACE OF DEATH
(a) County Pelliss Registration District No. 668
(b) Township _____ Primary Registration District No. 3032 Registered No. _____
(c) City Sedalia (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mrs Loretta P Sweeney
(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 48 7 1
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) _____
- FATHER
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
- MOTHER
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____
19. FUNERAL DIRECTOR (ADDRESS) _____
20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1937
22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Cardiac Degeneration
Heart Block 11-17-37
Date of onset _____
- Other contributory causes of importance:
Arterio Sclerosis,
Nephritis (Chronic)
- Name of operation _____ Date of _____
What test confirmed diagnosis? 131 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) Alfred E. Morrow, M. D.
(Address) Sedalia Mo

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

