

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

33 County Dent
Township Current
City (No. _____)

Registration District No. 1025
Primary Registration District No. 5371

File No. 45231
Registered No. 15
St. _____ Ward _____

2. FULL NAME Mary Lizzie Sweeney

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19. 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 3 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) Sullivan Co. (STATE OR COUNTRY) Ind.

FATHER 13. NAME Geo Bedwell

14. BIRTHPLACE (CITY OR TOWN) Sullivan Co. (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Mary Sorrow

16. BIRTHPLACE (CITY OR TOWN) Sullivan Co. (STATE OR COUNTRY) Ind.

17. INFORMANT John S. Sweeney (ADDRESS) Montank Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedwell DATE 12.21. 1937

19. UNDERTAKER Carl K. Spencer (ADDRESS) Salem Mo.

20. FILED 1/21 1937 J. A. Kinosh Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1937, to Oct 31 1937

I last saw her alive on Oct 31 1937. Death is said

to have occurred on the date stated above, at 12.50 A.M.

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

cerebral hemorrhage
arterio-sclerosis
12a
Other contributory causes of importance:
valvular heart disease
Date of onset 10/20/37

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

28. 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) Jas. D. ... M. D.
(Address) Box 385, Salem Mo.

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.

10-22-36
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