REC'D OCT 19 1938

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

32035
Do not use this space.

1. PLACE OF DEATH
(a) County COOPER
(b) Township
(c) City BOONVILLE
Registration District No. 218
Primary Registration District No. 3015
Registered No. 84
(d) Street No. ST. JOSEPH'S HOSPITAL 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 EDITH ANN SWEETIN 35A
(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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 16-1938

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 2 hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INFANT
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) BOONVILLE MISSOURI

FATHER
13. NAME WILLIAM SWEETIN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

MOTHER
15. MAIDEN NAME MRYTLE SCHMITT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

17. INFORMANT (ADDRESS) WILLIAM SWEETIN BOONVILLE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~ST LOUIS, MO~~ Catholic cem. Boonville Mo. DATE SEPT 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) STEGNER-KOENIG BOONVILLE MO

20. FILED Sept 17, 1938 DE Hooper
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1938, to Sept 16, 1938
I last saw her alive on Sept 16, 1938 Death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital anomalies of stomach & kidneys	

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? 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) T C Puckett, M. D.
197 (Address) Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/10/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, J. W. Stegner, or by ✓ Registered Apprentice No. ✓, working under my personal supervision.

Signed J. W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.