

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29551  
Do not use this space.

REC'D SEP 21 1939

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 478  
 (b) Township Mt Vernon Primary Registration District No. 5-633 Registered No. 104  
 (c) City Mt. Vernon (d) Street No. Missouri State Sanatorium 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 5 yrs. 4 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mattie Rae Sweezy

(a) Residence, No. Fornfelt, Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) Dec. 19, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
28 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) 1930 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Joe L. Sweezy

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

MOTHER 15. MAIDEN NAME Rosa Campbell

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

17. INFORMANT E. McMichael, Record Clerk  
 (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Chaffee DATE Aug 6, 1939

19. FUNERAL DIRECTOR (NAME) Fossath Funeral Home  
 (ADDRESS) Mt. Vernon, Mo

20. FILED Aug 7, 1939 P. C. Holmes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1934, to Aug 6, 1939

I last saw her alive on Aug. 5, 1939. Death is said to have occurred on the date stated above, at 7:25a m.

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

Pulmonary tuberculosis

Date of onset 1930

Other contributory causes of importance:

tuberculous meningitis  
fracture

Name of operation None Date of na

What test confirmed diagnosis? clinical Was there an autopsy? na

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? na

If so, specify.....

(Signed) P. C. Holmes, M. D.

(Address) Mt. Vernon 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.

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RECEIVED

District Health Officer No. 6,

District File No. 939-1773

Date Filed SEP 6 1939

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**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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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