

UG1 9 1939

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

33031
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 579
 (b) Township Mabion Primary Registration District No. 37766
 (c) City Holliday (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 Lucy Jane Sweeney-Blades

(a) Residence, No. Holliday, 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 Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Blades

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/9/1854

7. AGE YEARS 85 MONTHS I DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Middle Grove
 (STATE OR COUNTRY) Monroe Co. Mo

FATHER 13. NAME Augustus Sweeney

14. BIRTHPLACE (CITY OR TOWN) don't know
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Dulaney

16. BIRTHPLACE (CITY OR TOWN) don't know
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Lewis Curtright
Holliday, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem. DATE Sept. 16, 1939

19. FUNERAL DIRECTOR (NAME) Fred A. Thompson
 (ADDRESS) Madison, Mo

20. FILED Sept. 14, 39 Mrs. Julia H. ...
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1939, to Sept. 14, 1939.
 I last saw her alive on Sept. 14, 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Cardiac failure
Hypertension

Date of onset 9-14-39
years

Other contributory causes of importance: Diarrhea

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO

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) ST. ...
 (Address) Madison, 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.

FORM 3-19-38 I x1643

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 Mrs. Fred A. Thompson
3282

Licensed Embalmer No.....

P. O. Address Madison, Mo

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.