

See also 23088-48

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

8528  
Do not use this space.

1. PLACE OF DEATH

(a) County Rayne Registration District No. 891  
(b) Township Union Primary Registration District No. 4540  
(c) City Piedmont (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 6 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Piedmont Mo St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Sweeney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1868</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>9</u>
	DAYS <u>24</u>	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. <u>House work</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <u>Fin.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iron County O</u>		
FATHER	13. NAME <u>John Capeland</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iron</u>	
MOTHER	15. MAIDEN NAME <u>Sarah M. Nail</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iron County O</u>	
17. INFORMANT (ADDRESS) <u>Mrs. J. F. Conway Piedmont Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burden, Mo.</u> DATE <u>Mar 6, 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Harmon T. Dick Piedmont Mo</u>		
20. FILED <u>7-18-1940</u> <u>J. C. Cole's M.D.</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1940, to Mar 4, 1940  
I last saw him alive on 3/4, 1940 Death is said to have occurred on the date stated above, at 1020 a.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia  
Cardiac decompensation  
54

Other contributory causes of importance:  
Probable malaria

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) W. J. Hillman M.D., M. D.  
(Address) Piedmont, 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.

50M-1-12-35

**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.....

*Norman W. Gish*

Licensed Embalmer No. *3387*

P. O. Address.....

*Piedmont 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.**