

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.

APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County AdairRegistration District No. 4

Township

Primary Registration District No. 3001City Richardsville

(No.)

47858

File No.

Registered No. 51

St.

Ward

2. FULL NAME

Marildan Yvonne Sweeney(a) Residence, No. C. S. D. Hospital Richardsville Mo

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

3-8-1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.Still Born

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Richardsville
Missouri

13. NAME

John E. Sweeney

FATHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Sixty Falls
South Dak.

MOTHER

15. MAIDEN NAME

Yvonne Adams16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Sixty Falls
South Dak.17. INFORMANT
(ADDRESS)J. E. Sweeney
412 N. 7th St. Richardsville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland ParkDATE March 9, 193619. UNDERTAKER
(ADDRESS)Dee Riley
Richardsville Mo

20. FILED

April 6, 1936Spencer Freeman
Richardsville Mo

Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from

March 8, 1936 to March 8, 1936I last saw Stillborn, 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Stillborn

Date of onset

Other contributory causes of importance:

Abruption Placenta

Name of operation.....

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) John H. Sweeney D.O.(Address) Richardsville Mo

