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.

SEP 24 1928

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

Do not use this space.

26536

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St Joseph (No. Noyes Hospital St. Ward)
File No.
Registered No. 1020

2. FULL NAME Eva Sweptson
(a) Residence. No. 710 Mary St., Ward.
(Usual place of abode) (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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1890

7. AGE Years 38 Months Unknown Days If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER William White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Rachel E. Ellis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Bessie Johnson
(Address) 1305 So 69th St.

15. FILED ....., 19.... John G. Wz REGISTRAR

AUG 27 1928

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-25, 1928, to 8-25, 1928, that I last saw her alive on 8-25, 1928, and that death occurred, on the date stated above, at 7.45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gen Septicemia
122B
129
31
11802
(duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (SECONDARY) Int. Obstruction peritonitis
~~Appendicitis~~ (duration) ....yrs. ....mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8-25-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & path
(Signed) L. A. Gummig, M. D
8/27, 1928 (Address) St. Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cemetery
DATE OF BURIAL Aug 27, 1928

20. UNDERTAKER E. R. Sidenfaden
ADDRESS 602 So 10th