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

Do not use this space.

APR 24 1929

1. PLACE OF DEATH: County Oakalle, Township Polk, Registration District No. 5364, Primary Registration District No. 262, File No. 10125, Registered No. ..., City ... (No. ..., St., Ward)

2. FULL NAME Guyan Francis Sweet.

(a) Residence. No. ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR WIFE OF): Mary Sweet.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 3. 1849

7. AGE: Years 79 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): Piney
(STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Samuel A. Sweet
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ...
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Amanda Tibbs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Ireland

14. INFORMANT: Clyde Sweet
(Address): Union Star Mo

15. FILED 3/23, 1929 E. M. Reynolds
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1929, to March 22, 1929, that I last saw h. alive on March 21, 1929, and that death occurred, on the date stated above, at 3:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11 B Influenza
97

... (duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (SECONDARY): Arteria Sclerosis

... (duration) ... yrs. 6 mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED: ...
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. B. Vanmeter, M. D
3/23, 1929 (Address) Union Star 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: Union Star Cemetery — DATE OF BURIAL: 3/25 1929

20. UNDERTAKER: H. D. Wilson — ADDRESS: King City Mo

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.