

MAR 28 1930

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5938

1. PLACE OF DEATH

County Petalus
Township Petalus
City Petalus (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 36
St. Ward

2. FULL NAME

Edward Sweeney
(a) Residence No. 525 East 4 St. 2 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loretta Sweeney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1875

7. AGE YEARS 55 MONTHS 1 DAYS 13 If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Woods, Va (STATE OR COUNTRY)

10. NAME OF FATHER John Sweeney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Do Not Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ''

14. INFORMANT Mrs Loretta Sweeney (Address) Petalus, Va

15. FILED 2.20.30 J.J. Mc REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16th 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-2-30, 1929, to 2-16-30, 1930 that I last saw him alive on 2-15-30, 1930 and that death occurred, on the date stated above, at 12:40 a.m.

THE CAUSE OF DEATH** WAS AS FOLLOWS: Angina pectoris

CONTRIBUTORY Heart lesion not diagnosed (SECONDARY) (duration) 1 yrs. + mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? ''

9 DID AN OPERATION PRECEDE DEATH? DATE OF ''

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Alfred E. Young, M.D. Jan 9, 1930 (Address) 111 W 4 Petalua 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 Petalus Va DATE OF BURIAL 2/19 1930

20. UNDERTAKER Wm Aug Lib Bro Petalua ADDRESS

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.

