

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

Do not use this space.

36345

1. PLACE OF DEATH

County McDonald
Township Anderson
City Anderson, Mo. (No.)

Registration District No. 518
Primary Registration District No. 5688

File No. 1-1937
Registered No. 73
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Charles Sweeney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>57</u>		<u>7</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 1-4-37 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boise Idaho

13. NAME Hardin Madlock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Lavina Stockton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT Charles Sweeney
(ADDRESS) Anderson 744 R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherokee Cem. DATE Nov 27, 1937

19. UNDERTAKER Funerary Home
(ADDRESS) Anderson Mo.

20. FILED Nov 27, 1937 Andrew Mulvihill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1937, to Nov 10 1937

I last saw him alive on Nov 10 1937 Death is said

to have occurred on the date stated above, at 7 A.

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

Endocarditis
92 B
92 B
Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical 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 (1)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. J. Tolpeltson, M. D.

(Address) Anderson 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.

60,
9 1937

