

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

Do not use this space.

13573

1. PLACE OF DEATH

48 County Jackson Registration District No. 400
 Township Dravard Primary Registration District No. 3353B
 City North Pole (No. Jackson Co) (Name Howe) St. _____ Ward)

File No. _____
 Registered No. 77

2. FULL NAME

Hugh Sweeney
 (a) Residence, No. Jackson County St. _____ Ward. _____
 (Usual place of abode)
 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) J. W. Hastetter

18. BURIAL, CREMATION, OR REMOVAL PLACE Western Denver DATE 4-25 1933

19. UNDERTAKER (ADDRESS) Kellie

20. FILED 4-25-33 William J. Fields Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to 4-17, 1933
 Last saw him alive on 4/15, 1933 Death is said

to have occurred on the date stated above, at 2 A. m.
 The principal cause of death and related causes of importance were as follows:

chronic myocarditis Date of onset _____
93c 93c
 Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. W. Hastetter M. D.
 (Address) Denver

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 22 1933

