

DEC 19 1938

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

39358
Do not use this space.

1. PLACE OF DEATH

(a) County Iron (b) Township Bellevue Iron (c) City Iron (d) Street No. 1159 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2 Registration District No. 1159
Primary Registration District No. 5549

Registered No. 17

2. PRINT FULL NAME 50 1/2 Ida May Sweeney

(a) Residence, No. Iron County St. (Usual place of abode, if no street address, write county or city) (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 Edward Sweeney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1865

7. AGE YEARS 73 MONTHS 8 DAYS 11 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife 9. Industry or business in which work was done, as saw mill, bank, etc. 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) Bellevue Mo.

FATHER 13. NAME Wm. Thomas

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

MOTHER 15. MAIDEN NAME Carrie Diggs

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

17. INFORMANT Naomi Sweeney (ADDRESS) Bellevue Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Mo. DATE Nov. 14, 1938 Thomas Cem.

19. FUNERAL DIRECTOR (ADDRESS) Norman White & Sons Ironton Mo.

20. FILED Nov 25, 1938 Mrs. J. A. Townsend Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11th, 1938, to Nov. 12, 1938 I last saw her alive on Nov. 12, 1938 Death is said to have occurred on the date stated above, at 11.30A

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

Bronchial Pneumonia

Date of onset 11/12/38

Other contributory causes of importance:

Stomach Filariid (non-operated)

Name of operation none Date of none What test confirmed diagnosis? none 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? If so, specify (Signed) R. E. Farland, M. D.

(Address) Shanton, 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)