

PLACE OF DEATH

County *Madison* CERTIFICATE OF DEATH

Vol. No. *16* Registration District No. *7135*

Inq. Town. *Cleaton Ky* Primary Registration District No. ....

City ..... (No. .... St., ..... Ward)

FULL NAME *Margie Sweeney*

File No. *39293*

Registered No. *181*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*  
(Write the word)

DATE OF BIRTH *March 26, 1913*  
(Month) (Day) (Year)

AGE *1* yrs. *4* mos. *5* ds. IF LESS than 1 day... hrs. or... min.?

OCCUPATION (a) Trade, profession, or particular kind of work. *none*  
(b) General nature of industry business or establishment in which employed (or employer)

BIRTHPLACE (State or country) *Ky.*

PARENTS

NAME OF FATHER *Ed Sweeney*

BIRTHPLACE OF FATHER (State or country) *Ky.*

MAIDEN NAME OF MOTHER *Gloria Ford*

BIRTHPLACE OF MOTHER (State or country) *Ky.*

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) *Ed Sweeney*

(Address) *Cleaton Ky*

Witness *July 21, 1914 W.H. Hoover*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *July 20, 1914*  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *July 27, 1914*, to *July 30, 1914*, that I last saw her alive on *July 30, 1914*, and that death occurred on the date stated above at *11 P.M.* The CAUSE OF DEATH\* was as follows:  
*Spinal trouble + Gastric*  
*Centenaria*

(Duration) *1* yrs. *10* mos. *10* ds.

Contributory (SECONDARY) .....  
(Duration) ..... yrs. .... mos. .... ds.  
(Signed) *Leroy Willis*, M. D.  
*July 31, 1914* (Address) *Cleaton Ky*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death? .....  
Former or usual residence .....

PLACE OF BURIAL OR REMOVAL *Jard home Jul* DATE OF BURIAL *7-31-14*, 1914

UNDERTAKER *Cleaton Und. Co.* ADDRESS *Cleaton Ky*

WRITE PLAINLY, WITH DEFINITE ink-TYPE IN A PERMANENT INK. Do not use pencil. Do not use red ink. Do not use blue ink. Do not use green ink. Do not use black ink. Do not use purple ink. Do not use brown ink. Do not use yellow ink. Do not use orange ink. Do not use pink ink. Do not use grey ink. Do not use white ink. Do not use gold ink. Do not use silver ink. Do not use any other color of ink. Do not use any other material for writing. Do not use any other method of writing. Do not use any other system of writing. Do not use any other style of writing. Do not use any other form of writing. Do not use any other kind of writing. Do not use any other way of writing. Do not use any other means of writing. Do not use any other method of writing. Do not use any other system of writing. Do not use any other style of writing. Do not use any other form of writing. Do not use any other kind of writing. Do not use any other way of writing. Do not use any other means of writing.