

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18978

PLACE OF DEATH

COUNTY Jefferson

Vol. Pot.

Registration District No.

Ino. Town

Primary Registration District No.

City Louisville (No. 1669 High St., 11 Ward)

FULL NAME

Daniel Sweeney

File No.

Registered No. 29

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX M 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(If in the world)

6 DATE OF BIRTH Jan 28, 1868
(Month) (Day) (Year)

7 AGE 45 yrs. 6 mo. 17 da. IF LESS than 1 day, hrs. or min.

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Patrick Sweeney

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Perkins

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Rose Sweeney
(Address) 1669 High Ave

15 JUL 14 1913
Filed 21 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 13, 1913.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1913, to July 12, 1913, that I last saw him alive on July 12, 1913, and that death occurred on the date stated above at 3:30 p.m. The CAUSE OF DEATH* was as follows:

Typhoid
(Duration) 3 yrs. 2 mos. 0 da.

Contributory (Cause) None
(Duration) 0 yrs. 0 mos. 0 da.

(Signed) Jeff D. Taylor M. D.
718 113 Address 113 Portland

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death 0 yrs. 0 mo. 0 da. In the State 0 yrs. 0 mo. 0 da.

Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St John's DATE OF BURIAL July 14, 1913.

20 UNDERTAKER Thomas Keenan ADDRESS County Ky

11-15-55