

St. Malin

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

Do not use this space.

1543415166

1. PLACE OF DEATH

County.....  
Township.....  
City.....

Registration District No.....  
Primary Registration District No.....  
(No. *Mo Baptist Sam*)

791  
1003

File No.....  
Registered No. *4868*  
St. .... Ward)

2. FULL NAME

(a) Residence. No. *2421 N Prairie* St., *9* Ward.

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. (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 *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 15 1906*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*21 7 6*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Clerical work*  
(b) General nature of industry, business, or establishment in which employed (or employer) *Army Post @*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Eppingham Ill*

10. NAME OF FATHER *Thomas Sullins*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

12. MAIDEN NAME OF MOTHER *Daisy Sullins*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

14. INFORMANT *Mrs Thomas Sullins*  
(Address) *2421 N Prairie*

15. FILED *22 1928* *W. C. Standley* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr 21 - 1928*  
17.

I HEREBY CERTIFY That I attended deceased from *Dec 22nd 1927* to *April 21st 1928*  
that I last saw h. *live on April 21st 1928* and that death occurred, on the date stated above, at *1-460* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Decomposed Tuberculosis  
of stomach bowels & liver  
310* (duration) yrs. *4* mos. ds.

CONTRIBUTORY (SECONDARY) *37B* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *W. C. Standley*, M. D. *4/21 1928* (Address) *25437 Leudsel*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Lebanon Ill* DATE OF BURIAL *4/22 1928*

20. UNDERTAKER *A. Ellis 5240 Delmar* ADDRESS

WHILE PRINTING, 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.

