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

Do not use this space.

313

85

1. PLACE OF DEATH

County Buchannan Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 73

City St. Joseph. (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Mary Ann Sullivan.

(a) Residence. No. 1820 South 12th Street. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White.	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1927.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	8	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Paul.
(STATE OR COUNTRY) Minnesota.

PARENTS

10. NAME OF FATHER Leo P. Sullivan.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Katherine Haney.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Omaha
(STATE OR COUNTRY) Nebraska.

14. INFORMANT Leo P. Sullivan.
(Address) 1820 South 12th Street.

15. FILED JAN 17 1929, 19... John L. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 17. 1929

17. I HEREBY CERTIFY, That I attended deceased from December 19-29, to January 18, 1929, that I last saw her alive on Jan 18, 1929, and that death occurred, on the date stated above, at 3:45a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio Pneumonia

(duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (SECONDARY) Measles - Dependent

Syphilis (duration) ...yrs. ...mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 1820 So 12

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. Hardcastle, M. D.

1/18, 1929 (Address) Humphreys Bldg.

*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: Mt. Olivet Cemetery. DATE OF BURIAL: Jan 18 1929

20. UNDERTAKER H. O. Siedenfaden ADDRESS: 1802 Union St.

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

B 21 1929 11 6 9 2 1 2