28 1929

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

Do not use this space.

25444

1. PLACE OF DEATH
County: Pettis
Township:
City: Sedalia (No. St Mary's Hospital St. Ward)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 219

2. FULL NAME: Nora Margaret Sullivan

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 17/29

7. AGE: Years ✓ Months ✓ Days ✓ If LESS than 1 day, 14 hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Sedalia
(STATE OR COUNTY): Mo

PARENTS

10. NAME OF FATHER: Giles Sullivan

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Wamego
(STATE OR COUNTY): Kansas

12. MAIDEN NAME OF MOTHER: Phillipi Burt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Eureka
(STATE OR COUNTY): Kansas

14. INFORMANT: Giles Sullivan
(Address): Sedalia Mo

15. FILED 7-19, 1929 J. L. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from July 17th, 1929 to July 17th, 1929 that I last saw her alive on July 17th, 1929 and that death occurred, on the date stated above, at 6.15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Concussion of Brain (Undetermined Head Injuries).
160B (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 160B (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF Normal Delivery
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) Jno B Overall, M. D.
7/19, 1929 (Address) Sedalia Mo

*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: Sedalia Mo — DATE OF BURIAL: 7/18 1929

20. UNDERTAKER: McLaughlin Bros — ADDRESS: Sedalia

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.