DEC 23 1929

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

Do not use this space.

39496

1. PLACE OF DEATH
County Washington
Township Richwoods
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 889
Primary Registration District No. 6185

File No. .....
Registered No. .....

2. FULL NAME Charles 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 M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/3/1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	4	8	

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

9. BIRTHPLACE (CITY OR TOWN) Old Mines
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Daniel Sullivan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Coleman.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Old Mines
(STATE OR COUNTRY) Mo.

14. INFORMANT Steve Sullivan
(Address) Richwoods Mo.

15. FILED 11-11, 1929 O W Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/10 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1929, to Nov 11, 1929 that I last saw him alive on Nov 11, 1929, and that death occurred, on the date stated above, at 8-P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
109 (duration) 1 yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) .....
(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) O W Parker, M. D.
, 19 (Address) Richwoods 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 Old Mines Mo.
DATE OF BURIAL 11/13 1929

20. UNDERTAKER J. B. Boyer & Son
ADDRESS Potosi Mo

WRITE PLAINLY, 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 be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo...