

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

Do not use this space.

64-E

1. PLACE OF DEATH

County Barry
Township Jenkins
City Jenkins

Registration District No. 29
Primary Registration District No. 5048

File No.
Registered No. 62

2. FULL NAME Mathue 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-25-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 7

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT William Edgeman
(Address) Jenkins Mo.

15. FILED July 1931 Mrs H. R. Williams REGISTRAR
Apt.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-25-1930 1930
17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Jan 30, 1930 that I last saw him alive on Jan 30, 1930, and that death occurred, on the date stated above at 2:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
(Bright Disease)
171
(duration) part know yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) T. B. Steeley, M. D.
. 19 (Address) Purdy 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 DATE OF BURIAL
King Cemetery 1-2-30 1930

20. UNDERTAKER ADDRESS
Horine Funeral Service Cassville Mo

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.

JUL 22 1931

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