

SEP 26 1930

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

Do not use this space.

27736

1. PLACE OF DEATH

County St. Francois Registration District No. 773
Township St. Francois Primary Registration District No. 6018A
City Farmington (No. State Hosp. No. 4) St. _____ Ward)

File No. _____
Registered No. 132

2. FULL NAME Mary D. Sullivan

(a) Residence No. St. Francois 770 St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 ? ?

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Old Franklin,
(STATE OR COUNTRY) Deer Co. Mo

10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Records of State Hosp. No. 4,
(Address) Farmington Mo

15. FILED Aug 31 1930 B. J. Robinson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1930
17. I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to Aug 31, 1930
that I last saw h. alive on Aug 31, 1930, and that death occurred, on the date stated above, at 6:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
2 (Cerebral)
821-
54 (duration) _____ yrs. _____ mos. 14 ds.
CONTRIBUTORY Insanity
(SECONDARY) (duration) 30 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH _____
8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ray Bankes, M. D.
8/31 1930 (Address) Farmington 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 St. Joseph Mo
DATE OF BURIAL Sept 2 1930

20. UNDERTAKER Zeno Boyer
ADDRESS Durlogne Mo

n. 2.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. EXACT STATEMENT OF OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

