

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

Do not use this space.

33194

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City

Registration District No. 339
Primary Registration District No. 94
No. 3443 Woodland

File No. _____
Registered No. 4427
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 3443 Woodland St. 13 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1st 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 8 29

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) Madison
(STATE OR COUNTRY) Wis.

10. NAME OF FATHER No Data

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

12. MAIDEN NAME OF MOTHER No Data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

14. INFORMANT M. A. Sullivan
(Address) 3704 E 59 St

15. FILED 10/31/30 M. M. Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30th 1930
17. **I HEREBY CERTIFY, That I attended deceased from** Oct 30, 1930, to Oct 30, 1930 that I last saw him alive on Oct 30, 1930, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis with acute infarction
93C
118C (duration) yrs. mos. 1 da.
102
CONTRIBUTORY (SECONDARY) Senility (duration) 9 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Arthur A. Stobbs, M. D.

Oct 31, 1930 (Address) 3321 E 30th Kansas City 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 Hoguer Kas DATE OF BURIAL 11/1/30 19

20. UNDERTAKER H. F. Mayberry ADDRESS K City Mo

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.

WHILE WAITING WITH CHARGING INSTRUMENTS IS A PERMANENT RECORD

3771 to 30th

to 30th