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

Do not use this space. 19652

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1008~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5626

City ..... (No. ..... St. ..... Ward)

2. FULL NAME James Sullivan

(a) Residence. No. 2627 Randolph St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 30 1897

7. AGE: YEARS 33 MONTHS 4 DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Collinsville Tenn

PARENTS
10. NAME OF FATHER: Buford Sullivan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Collinsville Tenn
12. MAIDEN NAME OF MOTHER: Ella Braggs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Collinsville Tenn

14. INFORMANT: Mrs Mammie Sullivan
(Address) 2627 Randolph

15. FILED 15 1931 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 13 1931

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to May 13, 1931, that I last saw him alive on May 3, 1931, and that death occurred, on the date stated above, at 11 40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of the lungs

23A

(duration) ..... yrs. 2 mos. 0 ds.

CONTRIBUTORY (SECONDARY) 23

(duration) ..... 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? Auscultation & percussion

(Signed) John Paul Nemours, M. D.

5/14, 1931 (Address) 3142 Franklin Ave.

*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: Washington Park — DATE OF BURIAL: 5-14 1931

20. UNDERTAKER: Watson and Son — ADDRESS: 2769 Chouteau Ave

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

Dr. [illegible]
3 142 [illegible]
[illegible] 0579
Col 6755 J