

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

Do not use this space

39999

1. PLACE OF DEATH *Worth*
 County.....
 Township.....
 City.....*Denver* (No.) St. Ward)
 Registration District No. *905*
 Primary Registration District No. *6216*
 File No.....
 Registered No.....

2. FULL NAME *John L. Sullivan*
 (a) Residence..... 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) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1-11-1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 15

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov. 26 1931*

17. I HEREBY CERTIFY, That I attended deceased from *July 2*, 19*21*, to *Nov 26*, 19*31*, that I last saw him alive on *Nov 26*, 19*31*, and that death occurred, on the date stated above, at *7:30 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of face and glands of neck.
 (duration) yrs. *11* mos. ds.

CONTRIBUTORY (SECONDARY) *SAB*
 (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? *impeccable*
 (Signed) *Louis D. Long*, M. D.
 , 19 (Address) *Denver, Colo*

9. BIRTHPLACE (CITY OR TOWN).....*Mo.*
 (STATE OR COUNTRY)

10. NAME OF FATHER *J. L. Sullivan*

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....*Pa.*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Jane Kerns*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....*Ireland*
 (STATE OR COUNTRY)

14. INFORMANT (Address) *J. P. Bran*
Denver Mo.

15. FILED *Dec 31 1931* REGISTRAR
Mrs. Myra Long

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Kent-Cemetery* DATE OF BURIAL *11-27 1931*

20. UNDERTAKER *Bran Bros.* ADDRESS *Denver*

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

DEC 26 1931

PARENTS

