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.

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

Do not use this space.

21105

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5609

City St Louis (No. 1307a N. 20th St ..... St. ..... Ward)

2. FULL NAME Wesley Sullivan

(a) Residence, No. 1307a N. 20th St., 21 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec Unknown 1882

7. AGE: abt 50 YEARS | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

FATHER

13. NAME Ed. Sullivan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER

15. MAIDEN NAME Pidie Hedley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Clarence Sullivan 1307a N. 20th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 6/15 1932

19. UNDERTAKER (ADDRESS) R. M. C. Green 3517 Laclede Ave.

20. FILED JUN 14 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1932, to June 11, 1932
I last saw him alive on June 9, 1932. Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4-1-1932
93C D 93C	

Other contributory causes of importance:

Name of operation none Date of 0
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19....
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify 0

(Signed) John Paul Nemours, M. D.
(Address) 3142 Franklin Ave.

Dr Nemours,
314.2 Franklin
Je 0879.