

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

Do not use this space.

28740

1. PLACE OF DEATH

County *Chariton*
Township *Springfield*
City *Dalton* (No. _____)

Registration District No. *169*
Primary Registration District No. *5236*

File No. _____
Registered No. *36* St. _____ Ward)

2. FULL NAME

John Lawrence Sullivan
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 16 - 1916</i>		
7. AGE	YEARS <i>16</i>	MONTHS <i>2</i>
	DAYS <i>5</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Boy</i>	11. Total time (years) spent in this occupation. <i>100</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Dalton Mo.</i>		
FATHER	13. NAME <i>Joe Sullivan</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miami Fla.</i>	
MOTHER	15. MAIDEN NAME <i>Noa Palmer</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kyleville Mo.</i>	
17. INFORMANT (ADDRESS) <i>Joe Sullivan Dalton</i>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<i>Dalton</i>	DATE <i>Sept 23, 1932</i>
19. UNDERTAKER (ADDRESS) <i>Hyde & Hammett</i>		
20. FILED <i>Sept 22, 1932 Harry E. Pattem Registrar.</i>		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 21, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 3, 1932* to *Sept 21, 1932*

I last saw him alive on *Sept 30, 1932* Death is said to have occurred on the date stated above, at *1:34 A.M.*

The principal cause of death and related causes of importance were as follows:

Unqualified tetanus due to traumatic enteromyelitis of the left fibula

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Other contributory causes of importance:

thrombophlebitis of the left great saphenous vein

Date of onset _____

Name of operation *incision* Date of _____

What test confirmed diagnosis? *Chemical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

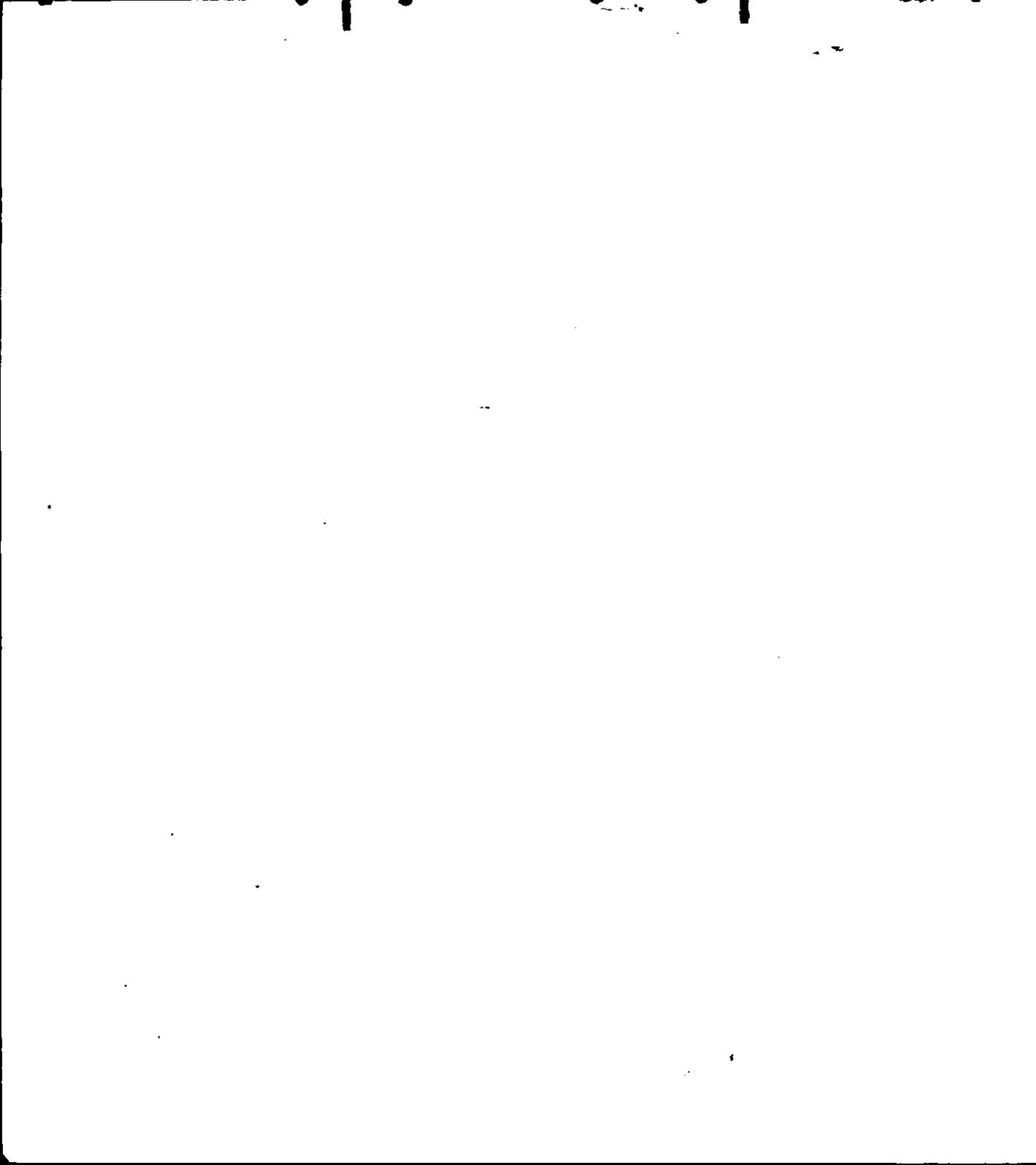
If so, specify _____

(Signed) *Chas. Amerson*, M. D.
(Address) *Kyleville Mo.*

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.

OCT 25 1932



Order that proper classification be made of every effort to obtain the following information indicated by check marks, lacking from the death certificate.

Name: John L. Sullivan
Who died at Chariton Mo. on Sept 21, 1932.
(City) (County) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 15 Year 4

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Generalized septicemia due to traumatic osteomyelitis of the left fibula

Other contributory causes of importance: Thrombophlebitis of the left great saphenous vein

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~ _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury He was scraping coals and the shovel

Nature of injury hit him on the ankle - and the infection

Was disease or injury in any way related to occupation of deceased? started

If so, specify _____

Name of physician _____

Address of physician _____

S-28740 1932