WHITE 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.

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

Do not use this space.

39698

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. — Registered No. 4704

City Kansas City (No. Research Hospital 1002 St. Ward)

2. FULL NAME Jerry Joseph Sullivan

(a) Residence, No. 4504 Fairmount St., 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16 1890

7. AGE: Years 42 — Months 7 — Days 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Superintendent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Davis Paint Co. 61
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): Missouri 1

FATHER
13. NAME: Richard Sullivan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER
15. MAIDEN NAME: Mary Cashman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs Margaret Sullivan 4504 Fairmount

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem DATE Dec 14 1932

19. UNDERTAKER (ADDRESS): Quirk & Tobin Co. 20 West Linwood

20. FILED 12-12, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 12 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932, to Dec 12, 1932

I last saw him alive on Dec 12, 1932. Death is said to have occurred on the date stated above, at 11 P m.

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

	Date of onset
Lobar pneumonia	11/29
108 non contagious	

Other contributory causes of importance:

108

Name of operation — Date of —

What test confirmed diagnosis? Phys Exam Was there an autopsy? yes

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) Robert Davis, M. D.
(Address) 1024 professional