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.

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

Do not use this space.

**1. PLACE OF DEATH**

10 County Boone — Registration District No. 73 — File No. 221

3 Township Columbia — Primary Registration District No. 3006 — Registered No. 9

8 City Columbia (No. ..... , ..... St. ..... Ward)

**2. FULL NAME** Ada B. Sullivan

(a) Residence, No. 303 N. 8. St. 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: Female
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: Fancy Edwin Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 27, 1876

7. AGE: YEARS 56 — MONTHS 4 — DAYS 22 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelbina Missouri

FATHER
13. NAME: John Ford Sparks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasureville Kentucky

MOTHER
15. MAIDEN NAME: Mary Elizabeth Lisgt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasureville Kentucky

17. INFORMANT (ADDRESS): Mary Frances Baker 303 N. 8th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Cem DATE 1-20 1933

19. UNDERTAKER (ADDRESS): Parker Fum Co Columbia Mo

20. FILED 1/20/ 1933 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1930 to 1-18, 1933
I last saw her alive on 1-15, 1933 Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma left breast | 6/22/30 |
| 50 | |

50

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Biopsy 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) W. O. Fitcher, M. D.
(Address) Columbia Mo