

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

Do not use this space.

6357

1. PLACE OF DEATH

County *Lewis*
Township *Labelle*
City *Labelle* (No. _____)

Registration District No. *479*
Primary Registration District No. *4288*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Viola 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 *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 *William A Sullivan*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 4 - 1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 16.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *House Keeping*
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) *Illinois*

13. NAME *William Smith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

15. MAIDEN NAME *Agnes Veach*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT (ADDRESS) *William Sullivan Labelle Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Labelle cemetery* DATE *2/19 - 1933*

19. UNDERTAKER (ADDRESS) *John L Bourn Labelle Mo*

20. FILED *2/19 1933 J L Bourn* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 17 - 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1*, 19*32*, to *Feb 17*, 19*33*. I last saw him alive on *Feb 17*, 19*33*. Death is said to have occurred on the date stated above, at *1300* m. The principal cause of death and related causes of importance were as follows:

92A Central Hemorrhage
92A
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) *N. H. McKim*, M. D.
(Address) *Labelle Mo*

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.

