

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

Do not use this space.

19675

File No. **2386**
Registered No. **2386**
St. _____ Ward _____

1. PLACE OF DEATH
 County Jefferson Registration District No. 333
 Township 2nd Primary Registration District No. 18
 City Kansas City (No. 2)
 2. FULL NAME Mary E. Sullivan
 (a) Residence, No. 178 Jefferson St., _____ Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 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

2. 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. _____ min.
	<u>66</u>	<u>3</u>	<u>5</u>	<u>at home</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Mo. Va.

13. NAME James Esper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Va.

15. MAIDEN NAME Suzanne Swearingen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Va.

17. INFORMANT (ADDRESS) Miss Martha Esper

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 6/8/33

19. UNDERTAKER (ADDRESS) F. O. Donnell
3226 Broadway

20. FILED June 7 1933 M. M. Grouse
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1933

22. I HEREBY CERTIFY That I attended deceased from Aug 1930 to June 6 1933
 last saw him alive on June 6 1933 Death is said to have occurred on the date stated above, at 1:35 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
hypertension, chronic
subacute myocardial infarction
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? Ascertained 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) Druey R. Thom M. D.
 (Address) 1010 Professional Bldg

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.

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