

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

Do not use this space.

20006

2724

1. PLACE OF DEATH

County Jackson
Township Rau
City St. Louis

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME

(a) Residence, No. Chenton mo 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 Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-3-1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>48</u>	<u>5</u>	<u>27</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. Railroad Foreman

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) Ill

13. NAME Patrick Sullivan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Katherine Shea

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT J. James Sullivan (ADDRESS) Chenton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Emporia Kan June 30, 1933

19. UNDERTAKER Roberts B. Lee and Co (ADDRESS) Emporia Kan

20. FILED 6-30-1933 M. M. Croise Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 30, 1933

I last saw him alive on June 29, 1933 Death is said to have occurred on the date stated above, at 4 m.

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

Lobar Pneumonia Date of onset _____

109

Other contributory causes of importance:

nephritis, chronic melancholia.

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptom Was there an autopsy? no

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

Accident, suicide, or homicide? no 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) Clarence Robinson, M. D.

(Address) Kansas City 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.

RECORD

126

10

15

18

Prof. [unclear]
VI 3976