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

Do not use this space.

27293

1. PLACE OF DEATH
County: Phelps
Township:
City: St James (No. ..... St. ..... Ward)
Registration District No. 678
Primary Registration District No. 4404
File No.
Registered No.

2. FULL NAME: Wayne E Sullivan
(a) Residence, No. (Usual place of abode) ..... St., ... Ward. ..... (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

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): sing.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-1-1933
7. AGE: Years — Months — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St James Mo

FATHER
13. NAME: Samuel Sullivan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edgar Springs Mo

MOTHER
15. MAIDEN NAME: Leslie Hobert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denver Col.

17. INFORMANT (ADDRESS): Samuel Sullivan St James Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Edgar Springs DATE: 8-5, 1933
19. UNDERTAKER (ADDRESS): W Kickhofer St James Mo
20. FILED: 8-5-1933 Henry Fahlstra Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-4, 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1933, to Aug-4, 1933
I last saw him alive on Aug 4, 1933. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Pneumonia	

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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) C.H. Fulton M.D., M. D.
(Address) St James Mo.

SEP 28 1933

CAUSE OF DEATH in plain terms, so that it may be properly classified.