

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

Do not use this space.

24572

1. PLACE OF DEATH

County Jackson
Township Wheat
City Kennett (No. 1011 Penn St.)

Registration District No. 300
Primary Registration District No. 3002

File No. _____
Registered No. 300 St. _____ Ward _____

2. FULL NAME

William B. Sullens

(a) Residence, No. 1011 Penn 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS (than 1 day, _____ hrs. or _____ min.)
Apr 38 XX XX

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

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) unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT C. E. Berner (ADDRESS) K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Temple Texas DATE 7/17/34 19.

19. UNDERTAKER J. J. Berner & Sons (ADDRESS) 1038 Penn

20. FILED July 17 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15/34 1934

22. I HEREBY CERTIFY That I attended deceased from _____ 1934

I last saw him _____ live on _____ 1934 Death is said to have occurred on the date stated above _____ m.

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

Ischemic Arteriosclerosis Date of onset _____

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 _____ 1934

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 of injury in an occupation of deceased? _____

If so, specify _____ (Signed) [Signature] M. D.

(Address) [Signature]

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.

AUG 21 1934

OCCUPATION FATHER MOTHER

