

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

Do not use this space.

SEP 21 1934

132710

1. PLACE OF DEATH

County Jackson
City Stark (No. _____)
Township Stark

Registration District No. 298
Primary Registration District No. 5554

File No. _____
Registered No. 297
St. _____ Ward _____

2. FULL NAME

Jubin L. Sullivan
(a) Residence, No. 29 & Stark Ave. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 3 - 1934

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

22. I attended deceased from _____, 19____ to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 20 - 1888

The principal cause of death and related causes of importance were as follows:
Primary (Schistos) Chronic Bronchitis
Date of onset _____

7. AGE YEARS MONTHS DAYS
45 11 13
If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Board of State

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) Kan

13. NAME Patrick Sullivan

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

15. MAIDEN NAME Anna Belle Forder

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

17. INFORMANT Mrs. Low Sullivan
(ADDRESS) 29 & Stark Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. Mary's DATE Sept - 5 - 1934

19. UNDERTAKER Mrs. C. E. Forder
(ADDRESS) 418 Broadway

20. FILED 9-4- 1934 Dr. F. D. Cook
Registrar.

Other contributory causes of importance:
93C 94B

Name of operation Ambly 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) _____, M. D.

(Address) _____

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.

SEP 20 1934

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