

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.

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

Do not use this space.

DEC 15 1934

39222

1. PLACE OF DEATH

County Henry
Township Superior
City Montana (No. _____)

Registration District No. 312
Primary Registration District No. 4209

File No. _____
Registered No. 16 St. _____ Ward _____

2. FULL NAME Lorenzo Sullivan

(a) Residence, No. _____ 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anne and a Sullivan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 15 1848</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>8</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME Adison Sullivan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Gonley

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

17. INFORMANT (ADDRESS) Miss Minnie Sullivan

18. BURIAL, CREMATION, OR REMOVAL PLACE Montana DATE Nov 23 1934

19. UNDERTAKER (ADDRESS) Welling Bros Hdw

20. FILED Nov 22 1934 J. M. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28 1933 to Nov. 21 1934
I last saw him alive on Nov. 15 1934. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Myocarditis, chr.
Arteriosclerosis, senile
Other contributory causes of importance:
Arteriosclerosis, senile
Arteriosclerosis, senile

Name of operation _____ Date of _____
What test confirmed diagnosis? The Ed. 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) W. H. Reed, M. D.
(Address) Appleton City, Mo.

