

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

Do not use this space.

APR 13 1935

**1. PLACE OF DEATH**

County..... Butler ..... Registration District No. 89  
 Township..... ..... Primary Registration District No. 3007  
 City Poplar Bluff ..... (No. Transient Bureau ..... St. .... Ward)

**2. FULL NAME** Almon Sullivan

(a) Residence, No. .... St. .... Ward. Kansas City, Mo.  
 (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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1888 Est

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
47 Est

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transient  
 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) Missouri

FATHER 13. NAME D. K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

MOTHER 15. MAIDEN NAME D. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT Transient Bureau Records  
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Co. Farm DATE 3-16-35 19.

19. UNDERTAKER Frank Undertaking Co.  
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 3-16 1935 O. C. Cotsinger  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-4-35, 1935, to 3-12-, 1935

I last saw him alive on 3-11-, 1935. Death is said to have occurred on the date stated above, at 5 A. m.

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

Pneumonia, lobar Date of onset 3-1-35

Other contributory causes of importance:

None

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) Walter Hamwell, M. D.  
 (Address) Poplar Bluff, Mo.

WHITE 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.

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*[Handwritten signature and address]*

