

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

Do not use this space.

8556

APR 5 6 1935

1. PLACE OF DEATH

County Cooper Registration District No. 224
 Township Prarie Home Primary Registration District No. 4737
 City Prarie Home (No.) St. Ward (.....)

2. FULL NAME

(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>Ethel Kuhn Sullens</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 14 - 1895</u> | | |
| 7. AGE <u>39</u> | YEARS <u>7</u> | MONTHS <u>1</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer Road</u> | | 11. Total time (years) spent in this occupation <u>24</u> |
| 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) <u>Jan. before death</u> | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | |
| 13. NAME <u>Ede Sullens</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | |
| 15. MAIDEN NAME <u>Eranni ONeal</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | |
| 17. INFORMANT <u>Ethel Sullens</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harris Cem.</u> DATE <u>3-15-35</u> | | |
| 19. UNDERTAKER <u>C. Albert Hornbeck</u> (ADDRESS) <u>Prarie Home Mo</u> | | |
| 20. FILED <u>3-15-35</u> <u>S. P. K. Wender</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-35

22. I HEREBY CERTIFY, That I attended deceased from 3-10-35 to 3-15-35, 1935
 I last saw him alive on 3-15-35, 1935. Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:
Cerebro Spinal meningitis suppurative Date of onset 3/10/35

Other contributory causes of importance: /

Name of operation Meningoencephalomyelitis Date of no
 What test confirmed diagnosis? Microscopic

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 no
 (Signed) A. K. Wender M. D.
 (Address) Prarie Home Mo

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.

