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

MAY 10 1935

299

Do not use this space.

16386

1. PLACE OF DEATH
County JACKSON Registration District No. 1002 File No.
Township ~~KAN~~ Primary Registration District No. Registered No.
City KANSAS CITY (No. 5531 TRACY St. Ward)

2. FULL NAME CLARENCE FRANCIS SULLIVAN

(a) Residence, No. 5531 TRACY St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. ALICE A. SULLIVAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-31-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. OWNER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.B.C. COAL CO.
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) CARROLTON ILLINOIS

FATHER
13. NAME FRANCIS L SULLIVAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

MOTHER
15. MAIDEN NAME ALICE FOX
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT MRS. ALICE A. SULLIVAN
(ADDRESS) 5531 TRACY AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE MAY 4 1935

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED 5-3 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-2 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1934 19..., to May 2 1935
I last saw him alive on May 2 1935 Death is said to have occurred on the date stated above, at 1:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of neck	2 yrs.
Metastasis to abdomen	

Other contributory causes of importance: none - 53

Name of operation Pernovalozlucan Date of July 20, 1934
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? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Milton B. Casebolt, M. D.
(Address) 1207 Walter Bldg KC 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.

1207 Realto Bldg
12:45-2