

AUG 20 1935

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

Do not use this space.

Kennett
23856

1. PLACE OF DEATH

County New Madrid
Township Big Prairie
City No.

Registration District No. 345
Primary Registration District No. 5800

File No.
Registered No. Ward

2. FULL NAME

James Lambert 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 0 11

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

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

10. Date deceased last worked at this occupation (month and year) June 1 - 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Co Missouri

13. NAME Redman Sullivan

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

15. MAIDEN NAME Margaret Hughes

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

17. INFORMANT A. J. Sullivan
(ADDRESS) Matthews, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Studley, Mo. DATE July 16, 1935

19. UNDERTAKER H. J. Smith
(ADDRESS) St. Joseph, Mo.

20. FILED Aug 8th 1935 Jennie E. Deane
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1935

22. I HEREBY CERTIFY That I attended deceased from July 9, 1935 to July 14, 1935

I last saw him alive on July 5, 1935 Death is said to have occurred on the date stated above, at 11 - P. M.

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

Cerebral Hemiplegia Date of onset

Generalized Arteriosclerosis

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis 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?

If so, specify

(Signed) Raymond M. Keefe, M. D.

(Address)

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.

2