Carlisle.

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

Do not use this space.

SEP 25 1935

27256

1. PLACE OF DEATH 80 4 8 PETTIS
County ..... Registration District No. 668 File No. 249
Township ..... Primary Registration District No. 3032 Registered No. 668
City SEDALIA (No. BOTHWELL HOSPITAL St. ..... Ward)

2. FULL NAME MARY De VOLL
(a) Residence, No. SEDALIA MO. RFD 2 St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 28 1859

7. AGE YEARS 76 MONTHS 2 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME DANIEL SULLIVAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER
15. MAIDEN NAME KATHARINE BLODGETT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MASS.

17. INFORMANT (ADDRESS) DAN SULLIVAN ST LOUIS MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CROWN HILL DATE AUG. 5 1935

19. UNDERTAKER (ADDRESS) GILLESPIE FUNERAL HOME SEDALIA MO.

20. FILED Aug 5 1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 3/35, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Aug 3, 1935
I last saw her alive on Aug 3, 1935 Death is said to have occurred on the date stated above, at 9 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sethargic Encephalitis	July 30th 1935
Other contributory causes of importance:	
Arteric Sclerosis	?

Name of operation None Date of
What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jno B Carlisle, M. D.
(Address) 314 Sohio - Sedalia Mo
8/2/35

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.

1 15 2