Dr. Murphy J.P.

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

Do not use this space.

AUG 18 1936

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28907

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 28907

Township ..... Primary Registration District No. ..... Registered No. 7675

City St Louis Mo (No. 3963 West Pine St. ..... Ward)

2. FULL NAME Jessie Frances Sullivan

(a) Residence, No. 3963 W. Pine St., 19 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: Female
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: Horace Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17 - 1858

7. AGE: YEARS 77 MONTHS 11 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Madison Indiana

FATHER

13. NAME: Edgar Knowles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnatti Ohio

MOTHER

15. MAIDEN NAME: Anne Suppelee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrolton Ky.

17. INFORMANT (ADDRESS): Mrs A B Harrison 3963 West Pine

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Madison Ind. DATE: 7-17 36

19. UNDERTAKER (ADDRESS): Rowland Mortuary Service 4355 Washington

20. FILED: JUL 20 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14 —, 1936 to July 14 —, 1936 I last saw her alive on July 14 —, 1936 Death is said to have occurred on the date stated above, at 5:30 P.m.

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

Dilatation - (acute) of the Heart (Heat Exhaustion) Heat stroke

Date of onset

Other contributory causes of importance: Chronic Mitral Insufficiency Senility. 191

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

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? ..... (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) J P Murphy, M. D.

(Address) 2616 No Kingshighway

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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