

NOV 4 1936

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

Do not use this space.

39420

1. PLACE OF DEATH

County.....  
Township.....  
City..... (No. ....)

Registration District No. **791**  
Primary Registration District No. **1008**  
Missouri Baptist San.

File No.....  
Registered No. **10459**  
St. .... Ward)

2. FULL NAME Andrew Z. Sullivan,

(a) Residence, No. .... St., NR Ward. Risco, Mo.  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 3 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1894  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
42 8 19

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

12. BIRTHPLACE (CITY OR TOWN)..... Illinois  
(STATE OR COUNTRY)

13. NAME James Sullivan

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

15. MAIDEN NAME Gertrude Deem.

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

17. INFORMANT James Sullivan  
(ADDRESS) 1216 Wright Str

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Friedens DATE 10/19/36 19.

19. UNDERTAKER W. A. Stock Und. Co.  
(ADDRESS) 2117 E. Grand Blvd.

20. FILED OCT 18 1936 J. F. Brebeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1936  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 14 1936 to Oct 15 1936  
Last saw alive on Oct 15 1936 Death is said to have occurred on the date stated above, at 9:50 P.M.  
The principal cause of death and related causes of importance were as follows:

General Peritonitis & Bilateral Pneumonia  
Perforated Gastric Ulcer  
Other contributory causes of importance: Perforated Gastric Ulcer  
Name of operation Blind Intestectomy Date of Oct 17-36  
What test confirmed diagnosis? Pathology Was there an autopsy? Yes

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. F. Brebeck, M. D.  
(Address) 452 E. 34th N. Grand.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

