

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.

FEB 26 1937

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

Do not use this space.

1. PLACE OF DEATH
36 County Franklin Registration District No. 297 File No. 879
Township St. John's Primary Registration District No. 5414 Registered No. 6
City..... (No.....) St..... Ward.....

2. FULL NAME Louisa M. Sullentrup
(a) Residence, No. Route # 1, Washington, Mo. Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 77 yrs. 0 mos. 0 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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) Krakow, Missouri

FATHER
13. NAME Henry Handing 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany 10

MOTHER
15. MAIDEN NAME Gertrude Laukemper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

17. INFORMANT Henry J. Sullentrup
(ADDRESS) Route # 1, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Jan. 18th, 1937

19. UNDERTAKER Otto & Company,
(ADDRESS) Washington, Mo.

20. FILED Jan 15 1937 H. H. Maye
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1937, to Jan. 14, 1937
I last saw her alive on Jan. 14, 1937. Death is said to have occurred on the date stated above, at 4:15 a.m.
The principal cause of death and related causes of importance were as follows:

Influenza
Bronchial Pneumonia
Date of onset Jan. 5, 1937

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? no
If so, specify
(Signed) J. D. Marquis, M. D.
(Address) Washington, Mo.

RECEIVED
1952

DEPARTMENT OF THE ARMY
HEADQUARTERS
WASHINGTON, D. C.

OFFICE OF THE
CHIEF OF STAFF

ATTENTION: [illegible]

DATE: [illegible]

FROM: [illegible]

SUBJECT: [illegible]

REFERENCE: [illegible]

AS S O

RECEIVED [illegible]

DATE: [illegible]

BY: [illegible]

AS C C

FOR THE [illegible]

OFFICIAL
[illegible]