

MAR 25 1937

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

Do not use this space.

9018

1. PLACE OF DEATH

County Scott
Township Moreland
City Near Benton (No. _____)

Registration District No. 814
Primary Registration District No. 6063

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Ruben Ross Sullivan
(a) Residence, No. Benton Mo. St. R.F.D. Ward. _____
(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. (If nonresident, give city or town and State)

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) Nov. 16 1862
7. AGE YEARS 74 MONTHS 3 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ballard County Kentucky
(STATE OR COUNTRY)

13. NAME Franklin Sullivan

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Ross Sullivan
(ADDRESS) masley Mo R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Sanderson, Mo. DATE Jan 28 1937

19. UNDERTAKER J. P. Nunnallee Sr.
(ADDRESS)

20. FILED Feb 28 1937 U. P. Haw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1937, to Feb 26 1937

I last saw him alive on Feb 26 1937. Death is said to have occurred on the date stated above, at 4 P. m.

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

Strangulated hernia Date of onset _____

Other contributory causes of importance: 122

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) U. P. Haw M. D.

(Address) Benton Mo.

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.

WHITE PRINTED WITH UNCHANGING INK—THIS IS A PERMANENT RECORD

