

JUL 31 1937

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

Do not use this space.

25103

1. PLACE OF DEATH

County Leas Registration District No. 883
Township Lynch Primary Registration District No. 6138
City (No.) St. Ward)

File No. 3
Registered No. 8

2. FULL NAME

Matilda Sullyman

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)

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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Beyers Missouri

13. NAME John Keiser

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

15. MAIDEN NAME Mary Keiser

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

17. INFORMANT (ADDRESS) C. M. Sullyman

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE June 14 1937

19. UNDERTAKER (ADDRESS) G. H. Elliott

20. FILED 5/10 1937 Julia Keener Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1937

22. I HEREBY CERTIFY That I attended deceased from 1 1937 to June 13 1937
I last saw her alive on May 28 1937 Death is said to have occurred on the date stated above, at 12:40 m.

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

Chronic Myeloid Date of onset

Other contributory causes of importance: T. B. Pulmonary

Name of operation None Date of 2

What test confirmed diagnosis? Was there an autopsy? 2

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ✓ 1937

Where did injury occur? no (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 Leukemia

(Signed) Leukemia, M. D.
(Address) Leukemia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH to be carefully supplied. AGES should be stated EXACTLY. PHYSICIANS should state

