

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.

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

Do not use this space.

31721

1. PLACE OF DEATH

County ST. LOUIS

Township

City MAPLEWOOD

Registration District No. 784

Primary Registration District No. 4469

File No.

Registered No. 42

St. _____ Ward _____

2. FULL NAME

AMANDA E. SULLIVAN

(a) Residence, No. 2296

(Usual place of abode)

LYNDOVER

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

F.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOW

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

RORENZO W. SULLIVAN

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

Oct. 2, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

77

10

11

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

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

OCCUPATION

FATHER

MOTHER

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

FRANKFORD KY.

13. NAME

R. W. JOHNSON

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

VA.

15. MAIDEN NAME

unknown

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

FRANKFORD KY.

17. INFORMANT (ADDRESS)

MURIEL SULLIVAN 2296 LYNDOVER AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE

MONTROSE Mo.

DATE AUG. 16 1937

19. UNDERTAKER (ADDRESS)

JAF B. SMITH 2456 MANCHESTER AVE

20. FILED

Sept 10 1937 Pauline Breitenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 13 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 10 1935, to Aug 13 1937

Last saw him alive on Aug 13 1937. Death is said

to have occurred on the date stated above, at 10:27 p.m.

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

Cholera Cholerae
Eubolus

Date of onset

Other contributory causes of importance:

Ch. Myocarditis
Arteriosclerosis

Name of operation

None

Date of

What test confirmed diagnosis? Clinical 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) Samuel Woyt, M. D.

(Address) 2906 N. Union

