

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

Do not use this space.

OCT 20 1937

34396

1. PLACE OF DEATH

County Iron

Registration District No. 391

File No. 48

Township Arcadia

Primary Registration District No. 4230

Registered No. 48

City Ironton (No., St. Ward)

St. Marys Hospital

2. FULL NAME Laura Sullivan

(a) Residence, No. St. Ward.

(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 8:30 8, 1937, to 8:31, 1937.

I last saw him alive on 8-21, 1937. Death is said to have occurred on the date stated above, 11.00A.

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

Plumage
Plumage Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1921
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 0 30

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

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

Other contributory causes of importance:

Injury Deceased was
passenger in car

Name of operation Plumage Date of 8-29-37

What test confirmed diagnosis? Was there an autopsy?

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

13. NAME Walter Sullivan

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

15. MAIDEN NAME Annie Miller

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury 8-9, 1937

Where did injury occur? Shelby (Specify city or town, county, and State)

Specify whether injury occurred in industry, at home, or in public place. Public Place

Manner of injury Auto accident
Nature of injury

17. INFORMANT Walter Sullivan (ADDRESS) Jewett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo. DATE 9/1/37, 1937

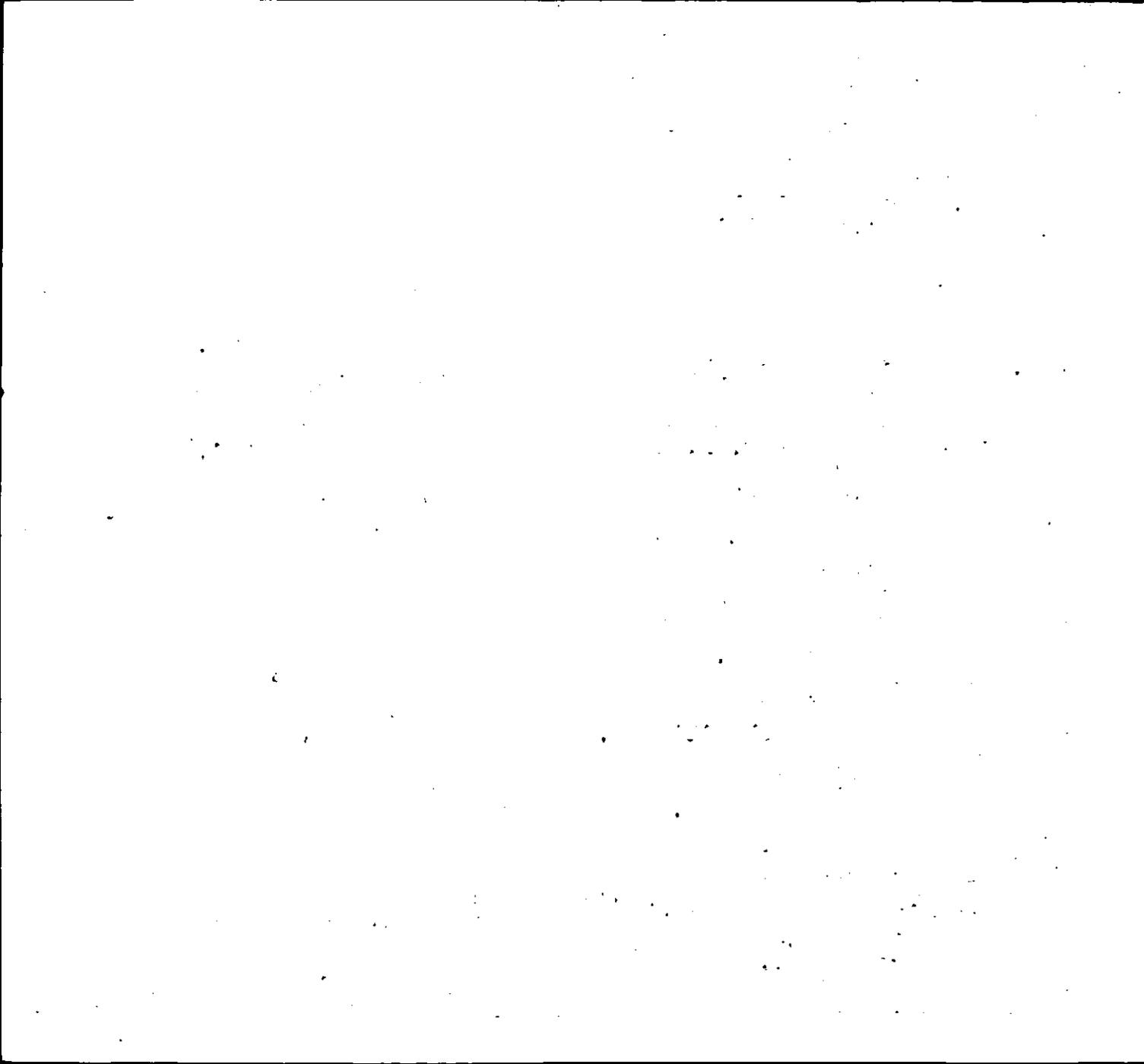
24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John W. G. M. D.
(Address) Ironton Mo.

19. UNDERTAKER White & Son (ADDRESS) Ironton Mo.

20. FILED 4413, 1937 R.A. Ranche Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Mon Registration District No. 391
(b) Township Primary Registration District No. 4230 Registered No.
(c) City Monton (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Sullivan

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19...
I last saw h. alive on, 19... Death is said to have occurred on the date stated above, at.....m.

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
16 0 30

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Date of onset

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

Other contributory causes of importance:
Injury

13. NAME

deceased was passenger in the car.

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

Name of operation Date of

15. MAIDEN NAME

What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? acc Date of injury, 19...
Where did injury occur?

17. INFORMANT (ADDRESS)

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

Manner of injury auto accident

Nature of injury

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Ray, M. D.

(Address) Monton Mo

20. FILED 19... Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Information should be carefully supplied. A fee 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.

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