

DEC 20 1937

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

Do not use this space.

40083

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 3202 East 26th)

File No. _____
Registered No. 10049
St. _____ Ward _____

2. FULL NAME

Myrtle H. Sullivan

(a) Residence, No. 3202 East 26th 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

6A. IF MARRIED, WIDOWED, OR DIVORCED (husband of (or) wife of) Walter V. Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 5 19

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

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) Aurora Missouri

13. NAME A. C. Painter

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

15. MAIDEN NAME Nancy L. Berry

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

17. INFORMANT (ADDRESS) Walter V. Sullivan 3202 East 26th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Washington DATE Nov. 2 1937

19. UNDERTAKER (ADDRESS) John J. Sheehan Kansas City, Missouri

20. FILED 11/1 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1937, to 10-30 1937

I last saw her alive on 10-30 1937. Death is said to have occurred on the date stated above, at 11:50 A.M.

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

Bronchial Pneumonia Date of onset 10-15-37

9391

Other contributory causes of importance:
General debilitation
Myocarditis

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 _____, 1937

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) Lo. H. Wyatt, M. D.

(Address) 3850 Prospect.

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.

JAN 27 1955