

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.

DEC'D MAY 11 1938

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

Do not use this space.

14998

1. PLACE OF DEATH

County Jefferson  
Township Waller  
City Desoto (No. ....)

Registration District No. 420  
Primary Registration District No. 3022

File No. ....  
Registered No. 19  
St. .... Ward)

2. FULL NAME

Stiel Bom Sullivan 4-15

(a) Residence, No. 615 East 9th St., .... 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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 1 1

OCCUPATION 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. Still Bom  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... 4

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

FATHER 13. NAME Tony Sullivan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Bell mo

MOTHER 15. MAIDEN NAME Bula Haden

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

17. INFORMANT (ADDRESS) Tony Sullivan 615 East 9th Desoto mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto mo DATE April 5 1938

19. UNDERTAKER (ADDRESS) Waltershead Desoto mo

20. FILED 5-6 1938 Jessie Danell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1938, to Apr 3, 1938  
I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

Still born  
Other contributory causes of importance: None

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) J. P. Ingels, M. D.  
(Address) Desoto, mo

