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

REC'D JUL 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Prairie
City
Registration District No. 400
Primary Registration District No. 5553B
File No. 22055
Registered No. 130
(No. Residence St. Ward)

2. FULL NAME Margaret Vernell Sullins
(a) Residence, No. Lees Summit R. 3. Mo. 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

3. SEX Female
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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-27-1936
7. AGE Years 1 Months 7 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Mo 0

FATHER
13. NAME Leborn Sullins 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Mo

MOTHER
15. MAIDEN NAME Martha H. Cameron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prescott Mo

17. INFORMANT (ADDRESS) Alice Cameron Lees Summit Rt-3
18. BURIAL, CREMATION, OR REMOVAL PLACE Cantrell Cem Licking, Mo DATE 6-30 1938
19. UNDERTAKER (ADDRESS) Fields-James Lees Summit Mo
20. FILED June 30, 1938 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29, 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1938, to 6-29, 1938
I last saw her alive on 6-29, 1938. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	6-8-38
Acute Cyteritis	6-27-38

Other contributory causes of importance: 9

Name of operation Date of
What test confirmed diagnosis Offending 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) [signature] M. D.
(Address) Lees Summit Mo.