REC'D SEP 27 193

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

Do not use this space. 29702

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. 701 W. 4 St. Ward)
Registration District No. 668
Primary Registration District No. 3632
File No. ~~253~~ 254
Registered No. 668

2. FULL NAME Thomas Benjamin Sullivan
(a) Residence, No. 701 W 4 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Florence Jaeger Sullivan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 13, 1899
7. AGE: YEARS 38 MONTHS 8 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain + Stock Broker
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 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Meridian Kansas

FATHER
13. NAME: Benjamin Sullivan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): TIPTON, MO.

MOTHER
15. MAIDEN NAME: Elizabeth Horn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HUGHESVILLE, MO.

17. INFORMANT (ADDRESS): Mrs Thomas Sullivan Sedalia
18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville Mo DATE Aug 24 1938
19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia
20. FILED Aug 23, 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from as Corroners case only, 19..., I last saw him as Corroners case only, 19... Death is said to have occurred on the date stated above, at 5.00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by drinking	
Carbolic acid	

Other contributory causes of importance: 163

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? SUICIDE Date of injury 8-22, 1938
Where did injury occur? SEDALIA MISSOURI (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. HOME
Manner of injury SUICIDE
Nature of injury SUICIDE BY TAKING POISON

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) C Gordon Stauffacher M. D.
604 (Address) Corner of Pettis County

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.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9/9/38