

OCT 26 1938

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

33183
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775
 (b) Township Perry Primary Registration District No. 6020-A Registered No. 71
 (c) City Bonne Terre (d) Street No. _____
 (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 Sullivan (Stilborn) 415

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938, to Sept 25, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1938

I last saw him _____ alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min. 0 0 0

to have occurred on the date stated above, at 12:30 m.

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

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

Still born due to strangulation from breech delivery

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

Other contributory causes of importance:

FATHER 13. NAME Henry Sullivan 1

FATHER 14. BIRTHPLACE (CITY OR TOWN) Tulsa Okla. (STATE OR COUNTRY) 6

MOTHER 15. MAIDEN NAME Mable Eaton

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Desloge Mo. (STATE OR COUNTRY)

17. INFORMANT J. V. Pyeatt (ADDRESS) Bonne Terre Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell Mo. DATE Sept. 25 1938

19. FUNERAL DIRECTOR Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED Sept. 25, 1938 M. W. Hawkins Local Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? Exam 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) C. H. Applberry, M. D.
 (Address) Flour River, Mo.

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

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2
1

This baby delivered up to West 30 minutes before arrival
of medical attention, neighbors were unable to extract
head before death occurred. Head was delivered by
forceps only.

R. H. Appleby, M.D.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)**