DEC 19 1938

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

Do not use this space.

33379

1. PLACE OF DEATH
County: Jackson — Registration District No.: 398 — File No.:
Township: Blue — Primary Registration District No.: 3019 — Registered No.: 3280
City: Independence (No. 411 N. Lynn St.) 2nd Ward

2. FULL NAME: Chint Sullivan III

(a) Residence, No. 411 N. Lynn St., 2nd Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred XX yrs. XX mos. XX ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-29-1938

7. AGE: Still Born

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

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.
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): Lincolnville Mass

FATHER
13. NAME: Chint Sullivan Jr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Independence Mo

MOTHER
15. MAIDEN NAME: Morgie Nell Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nowata Ok

17. INFORMANT (ADDRESS): Mrs. Morgie Nell Sullivan, 411 N. Lynn

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Independence DATE: 11-30, 1938

19. UNDERTAKER (ADDRESS): Hatkins Bros, 1129 Lydia

20. FILED: 12-7-1938 — S. L. Searle, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Still Born Nov 29, 1938, to ....., 19..... I last saw h. XX alive on XX, 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:

	Date of onset
Syphilis	

Other contributory causes of importance:

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) L. H. Gruber, M. D.
(Address) 109 E. 25th Independence Mo