REC'D JAN 13 1939

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

Do not use this space.

42979

File No.
Registered No.

1. PLACE OF DEATH

County: Dunklin
Township: Holcomb
City: White Oak (No. ... St. ... Ward)

Registration District No. 284
Primary Registration District No. 5404 B

2. FULL NAME Jerry L. Sullivan

(a) Residence, No. White Oak St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 12 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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1938

7. AGE: YEARS ... MONTHS 4 DAYS 12 If LESS than 1 day, ... hrs. or ... 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) White Oak Missouri

FATHER
13. NAME Marion Sullivan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarkton Missouri

MOTHER
15. MAIDEN NAME Myrtle Austin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Missouri

17. INFORMANT (ADDRESS) Marion Sullivan White Oak, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanfield DATE Dec. 7, 1938

19. UNDERTAKER (ADDRESS) J. C. Fox Holcomb Mo.

20. FILED 1-10, 1939 H. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1938 to 12/6, 1938

I last saw h— alive on 12/6, 1938. Death is said to have occurred on the date stated above, at 11 P.M.

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

Bronchial Pneumonia — Date of onset 11/24/38

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) ..., M. D.
(Address) Holcomb Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD