APR 24 1939

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

9907
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain (b) Registration District No. 26
(b) Township Salt River (c) Primary Registration District No. 3002 Registered No. 33
(c) City Mexico Mo (d) Street No. 603 S Olive St.
(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.
11 5 2

2. PRINT FULL NAME Miss Martha Frances Sullinger
(a) Residence, No. 603 S Olive St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6th, 1861
7. AGE: Years 78 Months 0 Days 27. If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher
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) Dec - 1938
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo.

FATHER
13. NAME James P. Sullinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

MOTHER
15. MAIDEN NAME Jane Ford Botts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper Co. Va

17. INFORMANT (ADDRESS) Mrs Mary Sullinger Mexico Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Mo. DATE Mar. 4 - 1939
19. FUNERAL DIRECTOR (NAME) McPherson Bro. (ADDRESS) Mexico Mo.
20. FILED Mar 4 1939 B Fariche Neely Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1939

22. I HEREBY CERTIFY, That I attended deceased from January 20 1939, to March 2 1939
I last saw h. alive on March 2 1939. Death is said to have occurred on the date stated above, at 11 45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 2/1/39 |
| GHP | |
| Other contributory causes of importance: Chronic Myocarditis | 1936 |

Name of operation X Date of X
What test confirmed diagnosis? None 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) L. C. Adams, M. D.
(Address) Mexico Mo.
23

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 10
District File Number 10-39-542
Date Filed APR 20 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, McSheeters Bros, or by

Registered Apprentice No....., working under my personal supervision.

Signed McSheeters Bros.

Licensed Embalmer No. 1133

P. O. Address Mexico Mo

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

**If this body is not embalmed, above space should be left blank.**