

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

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

21014
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 377

(b) Township Kaw Primary Registration District No. 1022 Registered No. 2282

(c) City or Kansas City (d) Street No. St. Joseph's Hospital 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.

2. PRINT FULL NAME 415 James J. Sullivan

(a) Residence, No. 3418 Washington 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

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 Mrs. Florence Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<u>39</u>	<u>4</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad Clerk

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

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME Nicholas Sullivan 0

14. BIRTHPLACE (CITY OR TOWN) Tipton (STATE OR COUNTRY) Missouri 5

MOTHER

15. MAIDEN NAME Mary Comiskey

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Mrs. Florence Sullivan (ADDRESS) 3418 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE June 3, 1939

19. FUNERAL DIRECTOR (NAME) QUIRK & TOBIN CO. (ADDRESS) Kansas City, Mo.

20. FILE June 2 39 M. M. Grome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1939

22. I HEREBY CERTIFY that I attended deceased from May 27th, 1939, to June 1st, 1939

I last saw him alive on May 31st, 1939 Death is said to have occurred on the date stated above, at 4:45 a.m.

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

Lobar Pneumonia

108

Date of onset

Other contributory causes of importance:

Heart Failure

Name of operation _____ Date of _____

What test confirmed diagnosis? X-Ray Test Was there an autopsy? yes

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) B. A. P. ... M. D.

(Address) 1225 Acacia Blvd.

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.

50M-6-19-38 I X-16625

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.