

AUG 11 1939

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

27188

Do not use this space.

## 1. PLACE OF DEATH

(a) County Worth Registration District No. 908  
(b) Township Mt. Rose Primary Registration District No. 6222 Registered No. 19  
(c) City \_\_\_\_\_ (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

Martha Elizabeth Sullivan  
(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

3. SEX Female 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 J. B. Sullivan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-27-77  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 7 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
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) (STATE OR COUNTRY) West Virginia

FATHER 13. NAME J. A. Harmon  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. R.

MOTHER 15. MAIDEN NAME Martha Willis  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) J. C. Sullivan

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Crest DATE 12-9-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Better Funeral Home

20. FILED 7-28-39 Bernice Matney Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8- 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1938, and Dec. 7, 1938

I last saw him alive on Dec. 7, 1938. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Cancer of the stomach, about date of beginning Date of onset 1935 or 6

Other contributory causes of importance: 46

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Symptoms 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) A. B. Ames, M. D.

address Mountain Grove

RECEIVED

District Health Officer, No. 6,

District File Number 839-1559

Date Filed AUG 9 1939

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**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.**