

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

Do not use this space.

*Dr Beckemeyer*

**1. PLACE OF DEATH**

County..... *Pettis Co-16 27 1929* Registration District No..... *668*  
 Township..... Primary Registration District No..... *3082*  
 City..... *Sedalia Mo* (No.....) St..... Ward.....

File No..... *22240*  
 Registered No..... *195*  
 St..... Ward.....

**2. FULL NAME**

*James Joseph Sullivan*  
 (a) Residence. No. *423 E 5th* 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>✓</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>June 31 84</i>		
7. AGE YEARS <i>45</i>	MONTHS <i>0</i>	DAYS <i>15</i>
IF LESS than 1 day, ..... hrs. or ..... min.		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work..... *Merchant.*  
 (b) General nature of industry, business, or establishment in which employed (or employer)..... *Dry Cleaning.*  
 (c) Name of employer..... *Owner.*

9. BIRTHPLACE (CITY OR TOWN)..... *Sedalia Mo.*  
 (STATE OR COUNTRY)

10. NAME OF FATHER..... *James Sullivan*  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... *Kent Co. Ireland.*  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER..... *Bridget O'Brien*  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... *Kent Co. Ireland.*  
 (STATE OR COUNTRY)

14. INFORMANT..... *John L. Sullivan*  
 (Address)..... *418 E. 7*

15. FILED..... *6-20-29* *J. L. Love*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 18 19 29*  
 17. I HEREBY CERTIFY, That I attended deceased from *March 14* 19*29*, to *June 18* 19*29*, that I last saw *him* alive on *June 18* 19*29*, and that death occurred, on the date stated above, at *2 30 a* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Pulmonary Tuberculosis*  
*2 30 a*  
 (duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY)..... *X*  
 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... *no* DATE OF..... *X*  
 WAS THERE AN AUTOPSY?..... *Yes*  
 WHAT TEST CONFIRMED DIAGNOSIS..... *Sputum Exam & X-Ray*  
 (Signed)..... *W. A. Beckemeyer, M. D.*  
 , 19 (Address)..... *Sedalia Mo*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL..... *Sedalia Mo* DATE OF BURIAL..... *June 30 19 29*  
 20. UNDERTAKER..... *McLaughlin Bros* ADDRESS..... *Sedalia*

THIS IS A PERMANENT RECORD

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.

*80*  
*5*  
*8*

*288*

*5*

