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

Do not use this space.

39564

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No. 60

Township — Primary Registration District No. 4010 — Registered No.

City Savannah, (No. Dr. Nichols Sanitorium, St. Ward)

2. FULL NAME Daniel O'Sullivan,

(a) Residence. No. St., Ward. Kansas City, Kansas.
(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.

JAN 30

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17th. 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	50	10	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchman,

(b) General nature of industry, business, or establishment in which employed (or employer) Packing House,

(c) Name of employer Armour & Company,

9. BIRTHPLACE (CITY OR TOWN) East St. Louis, (STATE OR COUNTRY) Illinois,

PARENTS

10. NAME OF FATHER Jerry Sullivan,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ireland,

12. MAIDEN NAME OF MOTHER Mary Mahana,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ireland,

14. INFORMANT Miss Nell O'Sullivan (Address) 717 N. 5th. Kansas City, Ks.

15. FILED Dec 16, 1929 C. O. Jefferies MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1929, to Dec 14, 1929 that I last saw him alive on Dec. 14, 1929, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Epithelioma of L side of face and neck.

52 (duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) 48 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Don't Know

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) G. Nutberry, M. D.

12/14, 1929 (Address) Savannah, 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	DATE OF BURIAL
Kansas City, Kansas,	Dec. 16, 1929
20. UNDERTAKER	ADDRESS
Frank A. Bowman	Savannah, Mo.