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.

OCT 23 1931

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

Do not use this space.

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 31128
Township — Primary Registration District No. 4227 — Registered No.
City West Plains No. — St. — Ward)

2. FULL NAME Rose Ann Sullivan
(a) Residence, No. — St., — Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Fe
4. COLOR OR RACE Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF E. E. Sullivan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1898
7. AGE YEARS 33 MONTHS 1 DAYS 22 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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) Bart Co, Mo

FATHER
13. NAME R. F. Mason
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Lena Kraft
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) E. E. Sullivan West Plains, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Hill DATE 9/11- 1931
19. UNDERTAKER (ADDRESS) McFarland's West Plains, Mo
20. FILED 9-11 1931 O. [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10th, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 30th, 1931 to Sept. 10th, 1931
I last saw her alive on Sept. 10th, 1931 Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Menengitis | 9/3/31 |
| 147 | |
| 79 | |

Other contributory causes of importance:
Pernicious vomiting of pregnancy.

Name of operation none Date of
What test confirmed diagnosis? Clinical 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. H. Thornburgh, M. D.
(Address) West Plains, Mo.