WRITE PLAINLY, WITH UNFADING INK--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.

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 791 — File No. 21236
Township — Primary Registration District No. 10[illegible] — Registered No. 501[illegible]
City St Louis (No. Mo Pacific Hosp St. Ward)

2. FULL NAME Daniel Thomas Sullivan
(a) Residence, No. 1314 State Str. St., 17 Ward. E. St Louis Ill.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 ~~or (OR) WIFE or~~ Elizabeth Sullivan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21-1867
7. AGE YEARS 66 MONTHS 2 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wabash Ry
10. Date deceased last worked at this occupation (month and year) June 1st 1933
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Janesville, Ohio

FATHER
13. NAME Jno Sullivan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Hanna Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs E. F. Sullivan 1314 State St E. St Louis Ill
18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St Louis Ill DATE June 10th 1933
19. UNDERTAKER (ADDRESS) G. W. Brickler E. St Louis Illinois
20. FILED JUN 8 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933 to June 8, 1933
I last saw h. 1 m. alive on June 8, 1933 Death is said to have occurred on the date stated above, at 6:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid colon	?
46 C	
Other contributory causes of importance:	
Myocarditis chr.	?

Name of operation Colostomy Date of 6-2-33
What test confirmed diagnosis? Explorated 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) Tom F. Whayne, M. D.
(Address) Mo Pac Hosp