

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

Do not use this space.

**1. PLACE OF DEATH**

County Cape Girardeau  
Township W. 11  
City W. 11 (No. 912 1/2 Broadway)

Registration District No. 125  
Primary Registration District No. 3009

File No. 15982  
Registered No. 47  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Levi Larkin Sullinger

(a) Residence, No. 312 1/2 Broadway St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marcella Lincum Sullinger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1 - 1850</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>2</u>	DAYS <u>6</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Drayman</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Scott Co Mo.

FATHER 13. NAME Nathan Sullinger

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Mo.

MOTHER 15. MAIDEN NAME Laney Rendon

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Jackson Mo.

17. INFORMANT (ADDRESS)  
Mrs. Marcella Sullinger Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fair View Cem. DATE May 6 1934

19. UNDERTAKER (ADDRESS)  
Home's Funeral Home Cape Girardeau Mo.

20. FILED 5/8 1934 J. D. Thompson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. 2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/2 to 5/7 1934  
I last saw him alive on 5/6 1934 Death is said to have occurred on the date stated above, at 1:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Ch. Valvular  
Corrae Dis  
92 1/2  
Other contributory causes of importance: 92 1/2  
97  
Chronic Stenosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934  
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?  
If so, specify \_\_\_\_\_

(Signed) ASD \_\_\_\_\_, M. D.  
(Address) Cape Girardeau

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.

JUN 20 1934

