

APR 21 1936

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

Do not use this space.

9874

## 1. PLACE OF DEATH

County ColeRegistration District No. 213

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3014Registered No. 90City Jefferson City. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Leo Sullivan - #41070,(a) Residence, No. Missouri State Penitentiary, Jefferson City, Missouri.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 30, 1908</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>2</u>
	DAYS <u>27</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>Common Laborer.</u>	
	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) <u>Unknown.</u>	11. Total time (years) spent in this occupation <u>Unkn.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown.</u>		
FATHER	13. NAME <u>Unknown.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown.</u>	
17. INFORMANT (ADDRESS) <u>Mo. State Prison Jeff City, Mo.</u>		
18. <del>LOCAL OR FOREIGN</del> PLACE OF REMOVAL <u>DeSoto, Mo.</u> DATE <u>Mar. 29 36</u>		
19. UNDERTAKER (ADDRESS) <u>Heinrichs Undertak. Serv., Jefferson City, Missouri.</u>		
20. FILED <u>3/30/36</u> <u>W. W. Randle</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 193622. I HEREBY CERTIFY, That I attended deceased from March 26, 1936 to March 28, 1936I last saw h. i. m. alive on March 28, 1936. Death is saidto have occurred on the date stated above, at 7:45 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (double)Date of onset  
Unkn.Other contributory causes of importance: 100Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. W. Randle, M. D.(Address) Jefferson City, Missouri.

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.

