

REC'D JUN 24 1938

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

19379  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 775  
 (b) Township Perry Primary Registration District No. 6020-A Registered No. 43  
 (c) City Bonne Terre Mo (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

2. PRINT FULL NAME Thomas O'Sullivan 241  
 (a) Residence, No. Bonne Terre Mo St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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 OF (OR) WIFE OF Cara O'Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 0 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as 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) St. Genevieve Co. Missouri

13. NAME Daniel O'Sullivan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Manda Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkensaw

17. INFORMANT (NAME) (ADDRESS) Mary O'Sullivan  
Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Joseph's Cem. DATE May 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Benham, Hrd Co  
Bonne Terre Mo

20. FILED May 18, 1938

Local Registrar \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1938, to May 15, 1938  
 I last saw him alive on May 15, 1938. Death is said to have occurred on the date stated above, at 9:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

Uremia  
121  
 Other contributory causes of importance:  
Hemiplegia + hypertension

Date of onset  
5/15/38

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? physical 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) H.M. Roebber, M. D.  
 (Address) Bonne Terre, Mo

824

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*G. J. Claywell*

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*G. J. Claywell*

Licensed Embalmer No.

*3706*

P. O. Address,

*Stoneville, Tenn. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

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Do not use this space.

1. PLACE OF DEATH

(a) County St. Francis Registration District No. 775  
 (b) Township..... Primary Registration District No. 6020 A Registered No.....  
 (c) City Bonne Terre (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) 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.)

2. PRINT FULL NAME

(a) Residence, No. Thomas O' Sullivan St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 0 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED May 18, 1938 N. W. Hawkins  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to May 15, 1938, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the day stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

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....., 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) N. W. Hawkins, M. D.

(Address) Bonne Terre Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF BIRTH**

County St. Francois

Registration District No. 775

Township \_\_\_\_\_

Primary Registration District No. 6022A

City Bonne Terre (No. \_\_\_\_\_)

File No. 19374-

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Thomas O' Sullivan**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m -

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the \_\_\_\_\_ stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 0 26

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Uremia (Chronic nephritis)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance: Hemiplegia - hypertension (Hemiplegia due to brain hemorrhage)

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)

FATHER 13. NAME

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

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

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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.

17. INFORMANT (ADDRESS)

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

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

19. UNDERTAKER (ADDRESS)

(Signed) A. M. Roebber, M. D.

20. FILED \_\_\_\_\_, 19\_\_\_\_

(Address) Bonne Terre Mo

Registrar \_\_\_\_\_

SUPPLEMENTARY