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.

REC'D FEB 24 1939

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

Do not use this space.

3029

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3029 — Registered No. 16

City Hannibal (No. 1, 629 Hazel St. Ward)

415

2. FULL NAME George Madison Sullivan

(a) Residence, No. 629 Hazel 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: 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: Mary E. Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 5, 1867

7. AGE: YEARS 71 — MONTHS 11 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Lewis County Missouri

FATHER
13. NAME: George Sullivan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Bowles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): George Sullivan Hannibal

18. BURIAL, CREMATION, OR REMOVAL
PLACE: La Belle Missouri 1/9/1939

19. UNDERTAKER (ADDRESS): Smith Funeral Home 902 Broadway

20. FILED Jan 7 1939 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1936, to Jan 6, 1939

I last saw her alive on Jan 6, 1939 Death is said to have occurred on the date stated above, at 8:05 A. M.

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

	Date of onset
Coronary Thrombosis	1-4-39
Other contributory causes of importance:	
Myocarditis	1920

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) H B Norton, M. D.

488 (Address) Hannibal Mo