

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18965
Do not use this space.

REC'D JUN 13 1936

1. PLACE OF DEATH

(a) County Jefferson
(b) Township Waller
(c) City Desoto
(e) Length of residence in city or town where death occurred 26 yrs. mos. ds.

Registration District No. 420
Primary Registration District No. 3022

Registered No. 29

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

307 PETER LOGAN ROUTE
(a) Residence, No. 825 N. Fourth St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1850

7. AGE YEARS 88 MONTHS 9 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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. Ret. Farmer
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) ky

FATHER 13. NAME not known

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Wallace Sullivan
Desoto - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Park DATE May 7, 1936

19. FUNERAL DIRECTOR (ADDRESS) Motherhead
Desoto - Mo.

20. FILED 6/6 1939 Jessie Bonnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1939, to May 5, 1939

I last saw him alive on May 4, 1939 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Carcinoma prostate with metastasis

Date of onset _____

Other contributory causes of importance: Chronic nephritis
Arteriosclerosis

Name of operation _____ 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? Yes
If so, specify _____

(Signed) J. P. Duggals, M.D.
Desoto, Mo. (Address)

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.

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FORM 7-26-37 I 1 X12004

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)