

COMMONWEALTH of Kentucky
 DEPARTMENT of HEALTH
 BUREAU of STATISTICS
 CERTIFICATE OF DEATH

PLACE OF DEATH

County *Madison*Vol. No. *100*Reg. No. *100*City *Greenville*Registration District No. *871*Primary Registration District No. *1137*(No. *1137*)St. *Ward*File No. *9112*Registered No. *100*

If death occurred in a hospital, institution, or in the home of a doctor, give its name (instead of street and number.)

FULL NAME *Robert M. Sullivan*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(Write the word)DATE OF BIRTH *71* (Month) *1* (Day) *1917* (Year)AGE *71* yrs. *1* mo. *1* da. IF LESS than 1 day... hrs. or... min.?OCCUPATION (a) Trade, profession, or particular kind of work *Stock Trader*
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) *Franklin*10 NAME OF FATHER *Robert Sullivan*11 BIRTHPLACE OF FATHER (State or country) *Kentucky*12 MAIDEN NAME OF MOTHER *Lucy Hall*13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *O. L. Roark*(Address) *Greenville, Ky.*15 FILE NO. *31017*16 REGISTERAR *O. L. Roark*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 26 1917*17 I HEREBY CERTIFY, That I attended deceased from *Oct. 11, 1916*, to *March 5, 1917*,that I last saw him alive on *March 5, 1917*, and that death occurred on the date stated above at *5* m. The CAUSE OF DEATH was as follows:*Pulmonary Tuberculosis*(Duration) *Several months* yrs. mos. da.

Contributory (SECONDARY) (Duration) yrs. mos. da.

(Signed) *Quindell Wilson*, M. D.*3/5*, 1917 (Address) *Greenville, Ky.*

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death... yrs... mos... da. State... yrs... mos... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 USHER *O. L. Roark* ADDRESS *Greenville, Ky.*