

No. 5913

1 PLACE OF DEATH

County of Ramsey

Township

Village

City St. Paul Minn. No. Macalaster College St. WardFULL NAME John E. SullivanResidence No. 2116 Cedar Ave. Mpls. Minn. Ward Mpls. Minn.Date of Residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

STATE OF MINNESOTA 2348

Division of Vital Statistics

CORONER'S CERTIFICATE OF DEATH

Reg. District No. No. in Registration Book

(Above numbers to be filled in only by local registrar or his deputy)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR or RACE White Single, Married, Widowed or Divorced (write the word) Married

Married, widowed or divorced

HUSBAND of EDITH SULLIVAN
(or) WIFE ofDATE OF BIRTH (month, day and year) Feb. 16th, 1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>51</u>	<u>3</u>	<u>20</u>	

OCCUPATION OF DECEASED

(a) Trade, Profession, or particular kind of work PROFESSIONAL BASE(b) General nature of industry, business or establishment in which employed (or employer) BALL PLAYER

(c) Name of Employer

PLACE (city or town) Illinois
State or CountryNAME OF FATHER EUGENE SULLIVANBIRTHPLACE OF FATHER (city or town) IRELAND
(State or Country)MAIDEN NAME OF MOTHER JULIA DRISCOLLBIRTHPLACE OF MOTHER (city or town) IRELAND
(State or Country)Informant Mrs. EDITH Sullivan
Address 2116 Cedar Ave. Mpls. Minn.Date 6-6-19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 5-1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I was called to investigate the death in the above entitled case and believe the facts as herein stated to be true.

DEATH DUE TO { Natural Causes Accident
Homicide Subsidi

CAUSE OF DEATH

Chronic Myocarditis

Contributory

Parenchymatous NephritisDuration in
Years
Months
Days or
HoursSigned C. A. Ingerson M. D., CoronerBy J. W. Bunde Deputy

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

19 PLACE OF BURIAL or REMOVAL Minneapolis Minn. DATE OF BURIAL June 7th, 192420 UNDERTAKER J. M. Gleason ADDRESS Mpls. Minn.