

Kentucky Post – October 8, 1918

**SULLIVAN BURIAL
WEDNESDAY**

**Services To Be Held at Home
and Church.**

The funeral services of Jerry Sullivan, 63, contractor, who died at his home, 2019 Scott-st., Covington, will be held Wednesday morning from the family home, with requiem high mass at St. Mary's Cathedral, 12th-st. and Madison-av. at 9 o'clock.

Burial will be in Mother of God Cemetery. One daughter and a sister survive him.

SULLIVAN—Jerry, beloved husband of the late Anna Sullivan (nee Busse), Monday, Oct. 7, 1918, aged 63 years. Funeral Wednesday morning from late residence, 2019 Scott-st., Covington, Ky., at 8:30 o'clock, with requiem high mass St. Mary's Cathedral at 9 o'clock. Interment at Mother of God Cemetery.

Sullivan, Jerry 1855 - 1918

1 PLACE OF DEATH		Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		File No. 25175
County <u>Kenton</u>	Vot. Pot. <u>K</u>	Registration District No. <u>580</u>	Primary Registration District No. <u>229</u>	Registered No. <u>1118</u>
Ino. Town <u>Coryton</u>	City <u>Coryton</u>	(No. <u>2019 Scott</u> St., <u>6</u> Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <u>Jerry Sullivan</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>	16 DATE OF DEATH <u>Oct. 7, 1918</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>March 23, 1855</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH was as follows: <u>Sudden death</u> <u>Cardiac asthma</u>	
7 AGE <u>63</u> yrs. <u>6</u> mos. <u>14</u> ds. IF LESS than 1 day ... hrs. or ... min.?			(Duration) ... yrs. ... mos. ... ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Contractor</u> (b) General nature of industry business or establishment in which employed (or employer)			Contributory (SECONDARY) _____ (Signed) <u>Dr. David H. Hytheur</u> Coroner, M. D. <u>Oct. 7, 1918</u> (Address) <u>Madison Pike, Ky.</u>	
9 BIRTHPLACE (State or country) <u>Horse Branch, Kenton Co.</u>			*State the DISEASE CAUSING DEATH, or, in deaths from violent causes state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PARENTS	10 NAME OF FATHER <u>John Sullivan</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? _____	
	12 MAIDEN NAME OF MOTHER <u>Catharine Butler</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>	Former or usual residence _____	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Margaret Taris</u> (Address) <u>2019 Scott St.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Mother Lodi Cem.</u> DATE OF BURIAL <u>Oct. 9, 1918</u>
15 Filed <u>Oct. 7, 1918</u> <u>J.B. Blanning</u> REGISTRAR			20 UNDERTAKER <u>William Hughey</u> ADDRESS _____	