

Birth year based on age of sixty-two at the time of his death.

Mr. Sullivan was employed with the Nevada Weepah Mining Company for the past year; he had also worked for Nevada Consolidated Copper Company in Ely for more than 12 years, where he was well known.

He is survived by his widow of Weepah, a son J.D. Sullivan and granddaughter of Ruth, NV, his mother, Mrs. Charlotte Sullivan, of Ogden.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH COUNTY OF ESMERALDA			NEVADA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS DUPLICATE CERTIFICATE OF DEATH	
TOWN OF Weepah or CITY OF _____			State Index No. _____ LOCAL REGISTERED NO. 13	
(No. _____, St. _____, Ward)			(If death occurred in a hospital or institution, give the NAME instead of street and number, and SE out No. 18.)	
Full Name Frank Neale Sullivan				
1 SEX Male	4 COLOR OR RACE White	5 Single Married Widowed or Divorced (Write one word) Married	16 DATE OF DEATH May 26 , 19 37 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from May 26 , 19 37 to May 26 , 19 37 . That I last saw him alive on May 26 , 19 37 .
6 DATE OF BIRTH Jan 20 , 19 75 (Month) (Day) (Year)	7 AGE 62 yrs. 4 mos. 6 ds. If LESS than 1 day, tra. or. mth.	8 OCCUPATION (A) Trade, Profession or particular kind of work. (B) General nature of industry, business or establishment in which employed (or employer).	and that death occurred on the date stated above at 12 noon . The CAUSE OF DEATH* was as follows: Arteriosclerosis	
9 BIRTHPLACE (State or country) Milwaukee, Wis.			Contributory (Secondary) Apoplexy, Cerebral (Duration) yrs. mos. ds.	
10 NAME OF FATHER Daniel O. Sullivan			(Signed) R. B. Craig , M. D. June 4 , 19 37 (Address) Logan, Nevada	
11 BIRTHPLACE OF FATHER (State or country) Ireland			*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
12 MAIDEN NAME OF MOTHER Charlotte A. Bowler			18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents Former or Usual Residence _____ How long at _____ Days Place of Death _____ Where was disease contracted, if not at place of death? _____	
13 BIRTHPLACE OF MOTHER (State or country) Canada			19 PLACE OF BURIAL OR REMOVAL Logan, Nevada	
14 LENGTH OF RESIDENCE At place of Death _____ years _____ months In Nevada _____ years _____ months			DATE OF BURIAL May 30 , 19 37	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Catherine Sullivan (Address) Weepah, Nevada			20 UNDER-TAKER Wm. H. Logan	
15 FILED Filed June 4 , 19 37 S. J. Szymon Registrar or Deputy.			ADDRESS Logan, Nev.	