

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18824

1. PLACE OF DEATH

County Monteau
Township Walker
City..... (No.....)

Registration District No. 571
Primary Registration District No. 5769

File No.....
Registered No. 37
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Farmer

9. BIRTHPLACE (CITY OR TOWN) Monteau Co
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Sebastian Sappington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mellie White Jones, 1929 (Address) California Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT August Sappington
(Address) California Mo

15. DATE May 31, 1929 REGISTRAR Jacob Roth

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 19 29

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 19 28, to May 31, 19 29, that I last saw him alive on May 30, 19 29, and that death occurred, on the date stated above, at 9:25 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prostatic disease?
Carinoma
5.5 yrs (duration) 10 yrs. mos. da.
95 lbs
137
CONTRIBUTORY Cardio-Renal Disease
(SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Edgar C. Tibbs, M. D.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sappington Cemetery DATE OF BURIAL June 2 19 29
20. UNDERTAKER William & Friedman ADDRESS California

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.

27 1929

