

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

Do not use this space.

7041

1. PLACE OF DEATH

County..... Registration District No. 791
 Township Idaquin Primary-Registration District No. 1003 File No. 2009
 City Idaquin No. 2817 N. Vanderwerker St. 2009 Ward)

2. FULL NAME

(a) Residence. No. 2817 N. Vanderwerker Ward. 10
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 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 Louisa Sappington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 | 0 | 17

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Crawford
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER John Sappington

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

12. MAIDEN NAME OF MOTHER Louisa Garland

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

14. INFORMANT Cora E. McMullen
 (Address) 2817 N. Vanderwerker

15. FILED Max C. Starckoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Feb 22, 1928, (that I last saw b. a. alive on Feb 28, 1928, and that death occurred, on the date stated above, at 8:30 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82 H Cerebral Apoplexy
97 Senile atrophy
11 1/2 (duration) 1 yrs. 5 mos. da.

CONTRIBUTORY (SECONDARY) Senility & Arteriosclerosis
2 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chloroform symptoms
 (Signed) J. C. Brown, M. D.
 (Address) 2945 Franklin

*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL Sullivan Mo DATE OF BURIAL July 25 1928

22. UNDERTAKER Williams and Co ADDRESS Sullivan Mo

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.

FILED WITH ORIGINAL RECORD

