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

Do not use this space.

FEB 20 1931

PLACE OF DEATH
County Moniteau
Township Moreau
City Clarksburg (No. ..... St. ..... Ward)

Registration District No. 4336
Primary Registration District No. 1095

File No. 2163
Registered No. .....

2. FULL NAME Hugh B. Sappington
(a) Residence. No. Clarksburg Mo. St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 87 yrs. 10 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1 - 1843

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
87	10	18	

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

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

PARENTS
10. NAME OF FATHER Sebastian Sappington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Millie White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Miss Myrtle Sappington
(Address) Clarksburg Mo.

15. FILED Jan 20, 1931 J. C. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 19 1931

17. I HEREBY CERTIFY, That I attended deceased from 6 - 1, 1925, to 1 - 19, 1931, that I last saw him alive on 1 - 15, 1931, and that death occurred, on the date stated above, at 1:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
162 (duration) 5 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) Age
131 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. B. Norman, M. D.
, 19 (Address) Tipton Mo

*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 Masonic Cemetery
DATE OF BURIAL Jan 21 1931

20. UNDERTAKER Max W. Smith
ADDRESS Clarksburg 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.