

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

Do not use this space.

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1. PLACE OF DEATH

73 County Hewton Registration District No. 1046
Township Shoal Creek Primary Registration District No. 03807
City 362 + value St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-32

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

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932 to July 2, 1932
I last saw him alive on July 2, 1932 Death is said to have occurred on the date stated above, at 11:00 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1883

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 last 9 13

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salvage

hemorrhage of stomach & bowels

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23rd

Other contributory causes of importance: Probably carcinoma of stomach

10. Date deceased last worked at this occupation (month and year) 4th 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Kas.

Name of operation _____ Date of _____
What test confirmed diagnosis H&B Was there an autopsy? _____

13. NAME Frank Sapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Kate Sayers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT Mr. Kate Sapp
(ADDRESS) 2432 Pacific

18. BURIAL, CREMATION, OR REMOVAL PLACE Truss RR DATE 7/5/32

19. UNDERTAKER (ADDRESS) Funeral Home

20. FILED 7/4 1932 Person Clark Registrar

N. B.—Every item of information is very important. CAUSE OF DEATH in plain terms, so that it may be properly understood.

AUG 25 1932

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Newton Registration District No. 1046
 Township Shoal Creek Primary Registration District No. 5-870
 City (No. St. Ward)
 2. FULL NAME Richard L. Sapp
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Sapp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 9 23
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookbinder, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salaya, Kansas
 13. NAME Frank Sapp
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
 15. MAIDEN NAME Rate Sapp
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
 17. INFORMANT Mrs R. Sapp
 (ADDRESS) 2432 Division
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Ok DATE 7/5-32
 19. UNDERTAKER Joylbt W. Co
 (ADDRESS) Joplin Mo.
 20. FILED Aug 8 1932 J. W. Miller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1932
 I HEREBY CERTIFY, That I attended deceased from June 23 to July 2, 1932
 I last saw him alive on July 2, 1932 Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Hepatic hyaline degeneration of stomach & bowels Date of onset
 Other contributory causes of importance Probably carcinoma of stomach
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify J. H. Miller, M. D.
 (Signed)..... (Address) Joplin Mo.

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. N.E. information should be in plain terms, so that it may be properly understood. CAT. & OF DEATH.

TEMPORARILY AVAILABLE

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