

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

Do not use this space.

OCT 17 1934

32926

1. PLACE OF DEATH

County Jackson Registration District No. 398

Township

Primary Registration District No. 397

City Kansas City, Mo. No. 5309 Rudd Park Esplanade

File No. 4264

Registered No.

St. _____ Ward _____

2. FULL NAME Le Roy Sapp

(a) Residence, No. 5309, Rudd Park Esplanade Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1885

7. AGE YEARS 49 MONTHS 8 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Swit Luman
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) Hannibal, Mo.

13. NAME W. O. Sapp

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

15. MAIDEN NAME unknown

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

17. INFORMANT Camille Sapp
(ADDRESS) 5309 Rudd Park Esplanade

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Sept. 20, 1934

19. UNDERTAKER Latta Funeral Home
(ADDRESS) 214 W. Spring St. Ind. Mo. (Signed) _____, M. D.

20. FILED 9-19-34 M. M. Chrove Registrar. (Address) 5406 Independence Ave. Kansas City Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-18- 1934, to 7-14- 1934

I last saw him alive on 7-14 1934. Death is said

to have occurred on the date stated above, at 3 a. m.

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

Myocarditis Chronic Date of onset Feb-1934

930
1208
1140
930

Other contributory causes of importance:

Gastritis
gastro enteritis

Name of operation nil Date of _____

What test confirmed diagnosis? pathology Was there an autopsy? no

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? no

If so, specify _____

(Signed) D. P. Bedding _____, M. D.

(Address) 5406 Independence Ave. Kansas City Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100-11-25-33

