

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

Do not use this space.

**1. PLACE OF DEATH**

County... Larry  
Township... Carter  
City... (No. ....) (Ward) .....

Registration District No. 34  
Primary Registration District No. 6239

File No. 15668  
Registered No. 9

**2. FULL NAME**

Preston Alford 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. da.

**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) Alma Sapp  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 - 1911  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Near Carter Mo.

13. NAME Sanford N. Sapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Moulton Mo.

15. MAIDEN NAME Annie Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Purdy Mo.

17. INFORMANT Mrs Sanford N Sapp  
(ADDRESS) Carter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Wood DATE April 5, 1934

19. UNDERTAKER (ADDRESS) W. H. K. Co. Cassville Mo.

20. FILED May 5, 1934 Mrs. H. O. Seary  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1934, to May 3, 1934  
I last saw him alive on May 21, 1934 Death is said to have occurred on the date stated above, at 9:40 P.M.

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

Tuberculosis of Lung  
10317

Other contributory causes of importance: Hemorrhage

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 Stenosis of Aorta  
(Signed) Wm. H. Sawyer, M. D.  
(Address) Cassville 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.

JUN 20 1934

