MAR 19 1928

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

Do not use this space.

82

File No. .....

Registered No. 2

1. PLACE OF DEATH

County: Barry

Township: Jenkins

City: ~~Aurora~~ (No. ..... St. ..... Ward)

Registration District No. 973

Primary Registration District No. 2048

2. FULL NAME: Ray Eugene 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: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): infant

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 8. 1928

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or 30 min.

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

9. BIRTHPLACE (CITY OR TOWN): Jenkins
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Valen Sapp

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Lyon
(STATE OR COUNTRY): Washington

12. MAIDEN NAME OF MOTHER: Raye Walley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): McDonald
(STATE OR COUNTRY): Missouri

14. INFORMANT .....
(Address) .....

15. FILED Feb. 12 1928. Mae Peck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): ✓ 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... that I last saw h. alive on Jan 8, 19 28, and that death occurred, on the date stated above, at 1.10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Insanition, died
shortly after birth
12 Premature
1 hr
1 hr (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) / C / R (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. D. Cowan, M. D
, 19 (Address) Aurora, 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: Alco, Mo. | DATE OF BURIAL: 1/9/28 19

20. UNDERTAKER: King and Co. | ADDRESS: Aurora

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

Jan

1. PLACE OF DEATH.

County Barry — Registration District No. 29 — File No.

Township Jenkins — Primary Registration District No. 5048 — Registered No. 3

City (No. , St. Ward)

2. FULL NAME Ray Eugene Sapp

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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) S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8 - 1928

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or 20 min.

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

9. BIRTHPLACE (CITY OR TOWN) Jenkins
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Valen Sapp

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

12. MAIDEN NAME OF MOTHER Ray Walley

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

14. INFORMANT Valen Sapp
(Address) Jenkins Mo

15. FILED May 1 1928 Mrs H. R. Williams Dp't — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw him alive on Jan 8, 1928, and that death occurred, on the date stated above, at 1.10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inanition, Died ½ hour after birth
premature
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1610
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. D. Cowan, M. D
, 19 (Address) Aurora 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 Clio Mo. — DATE OF BURIAL 1/9 1928

20. UNDERTAKER King Und Co. — ADDRESS Aurora

SUPPLEMENTARY

N. B. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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