

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

Do not use this space 556

**1. PLACE OF DEATH**

27  
2  
4

County Cooper  
Township  
City Bronville (No. ....)

Registration District No. 218  
Primary Registration District No. 2015-

File No. 2  
Registered No. 218 ..... Ward)

**2. FULL NAME Pauline N. Sappington**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 J. E. Sappington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25<sup>th</sup> 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>77</u>	<u>-</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Dec. 1931  
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Bronville (STATE OR COUNTRY) Missouri

13. NAME Geo. Nelson

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) 2

15. MAIDEN NAME Pauline Wyan

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

17. INFORMANT J. E. Sappington (ADDRESS) Bronville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Jan 5<sup>th</sup> 1932

19. UNDERTAKER Schwitky Wornhoff (ADDRESS) Bronville Mo.

20. FILED Jan 15 1934 G. G. Russell Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24<sup>th</sup> 1931, to Jan 4<sup>th</sup> 1932. I last saw him alive on Jan 3<sup>rd</sup> 1932. Death is said to have occurred on the date stated above, at 11<sup>00</sup> a.m.

The principal cause of death and related causes of importance were as follows:  
occlusion of bowels  
caused by a growth  
466  
115  
Other contributory causes of importance: Flu  
128D

Name of operation None Date of .....  
What test confirmed diagnosis? Clinical 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 (D)  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) P. G. Evans, M. D.  
(Address) Bronville 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. JAN 20 1934



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cooper  
Township Boonville  
City Boonville (No. \_\_\_\_\_)

Registration District No. 218  
Primary Registration District No. 3-113

File No. 2  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Pauline M. Sappington  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

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

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) \_\_\_\_\_

FATHER  
13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED Jan 5, 1932 ga. Russell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

ecchymosis of bowels caused by growth of malignant sigmoid flexure. Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? du 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 \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. A G. E. should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH IN PLAIN TERMS, SO 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

188-5