

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

Do not use this space.

19908

1. PLACE OF DEATH

49 County Jasper Registration District No. 417
 11 Township..... Primary Registration District No. 3021
 7 City Webb City (No.....) St. Ward)

2. FULL NAME

Dwight Dappana
 (a) Residence, No. 1804 N. Madison 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 10 11
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Justice of Peace
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 206
 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) Granby Mo.

13. NAME C. E. Dappana

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain Mo.

15. MAIDEN NAME Mary E. Sigler

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

17. INFORMANT Dwight Dappana (ADDRESS) Webb City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City DATE June 4, 1932

19. UNDERTAKER Steele, Und. Co. (ADDRESS) Webb City Mo.

20. FILED 694 19 32 R. M. Stormont Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to June 3rd, 1932
 I last saw him alive on June 2, 1932 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:

Syphilis Date of onset
34 34
 Other contributory causes of importance: None

8. 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.....
 (Signed) Geo. Sauer, M. D.
 (Address) Webb City 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.

MAY 25 1932

Amos