

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. *482*
 Township..... Primary Registration District No. *5012*
 City *St. Louis* (No. *Suttern Hospital*) St. _____ Ward _____

24842
 File No. *7013*
 Registered No. *7013*

2. FULL NAME

(a) Residence, No. *Ivan Elmo Saffell* St. *M* Ward. *Bonne Terre MO*
 (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 *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 3 - 1920*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 4 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Student*
 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) *MO 1*

FATHER
 13. NAME *Martin Saffell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

MOTHER
 15. MAIDEN NAME *Betha Alpha Saffell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

17. INFORMANT (ADDRESS) *Betha Saffell Bonne Terre MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bonne Terre MO* DATE *7-29-32*

19. UNDERTAKER (ADDRESS) *Benham Bonne Terre MO*

20. FILED *W. H. Stanley Registrar*

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-27, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *7/25/32* to *7/27/32*, 19____
 I last saw him alive on *7/27/32*, 19____ Death is said to have occurred on the date stated above, at *3:50 a.m.*

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

Appendicitis
Acute suppurative
121B
129 121
 Other contributory causes of importance: *Peritonitis general*

Name of operation *Appendectomy* Date of *7/20/32*
 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) *J. S. Bernard*
 (Address) *3118 Grand*

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.

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

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5/27