

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

Do not use this space.

33350

1. PLACE OF DEATH

County St. Francois
Township St. Francois
Near Farmington, Mo.
City (No.) (No.)

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 114
St. Ward)

2. FULL NAME Julia Sappington

(a) Residence, No. 4220 Labadie, St. Louis, Mo. 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 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 Ralph Sappington		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9 - 1893		
7. AGE YEARS 38	MONTHS 10	DAYS - 5
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework	
	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) Elreno Okla (STATE OR COUNTRY)

FATHER 13. NAME Guy S. Smith

14. BIRTHPLACE (CITY OR TOWN) St. Louis County Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Maurs

16. BIRTHPLACE (CITY OR TOWN) St. Louis County Mo. (STATE OR COUNTRY)

17. INFORMANT Hospital Records Farmington, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Oct-17-32

19. UNDERTAKER Hy Leidersma (ADDRESS)

20. FILED Oct 18 1932 Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932, 1932, to Oct 14, 1932. I last saw her alive on Oct 14, 1932. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Maniacal exhaustion
108
108
84

Other contributory causes of importance:
Lobar pneumonia (terminal)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1932

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) Ralph Hanks, M. D.
(Address) Farmington Mo.

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 26 1932

94

APR 26 1948