

WRITE PLAINLY, 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.

JAN 26 1934

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

Do not use this space.

35655

1. PLACE OF DEATH
 County Boone Registration District No. 71
 Township Cedar Primary Registration District No. 5710A
 City (No.) St. Ward

2. FULL NAME Martha Frances 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 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 James H. Sapp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/15/1870
 7. AGE YEARS 63 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.

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)
 11. Total time (years) spent in this occupation

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

13. NAME Sylvester Paulby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Hancy Nichols

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

17. INFORMANT Mrs. R. M. Paulby
 (ADDRESS) 1215 3rd St. Ashland, Mo.

18. BURIAL, CREMATION, OR REMOVAL Funerary
 PLACE DATE Nov 16 1933

19. UNDERTAKER Ashland Mort Co
 (ADDRESS) Ashland Mo.

20. FILED Nov 16 1933 A. V. Nichole
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Nov 15 1933
 I last saw him alive on Nov 10 1933 Death is said to have occurred on the date stated above, at 5:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Insufficiency of A
 Date of onset

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) A. V. Nichole, M. D.
 (Address) Ashland, Mo.

1215 3rd St

