

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

Do not use this space.

5071

MAR 25 1935

1. PLACE OF DEATH

County Greene Registration District No. 225-
 Township Walnut Grove Primary Registration District No. 345D
 City (No.) St. Ward

File No.
 Registered No.

2. FULL NAME

Martin Luther Sappington
 (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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Butcher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1, 1853</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>1</u>
		DAYS <u>12</u>
	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co., Mo.</u>		
FATHER	13. NAME <u>Samuel Sappington.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone County Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Jerimiah Janison</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Mo.</u>	
17. INFORMANT <u>Mr. Chas. Sappington</u> (ADDRESS) <u>Walnut Grove, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Turkey Creek</u> DATE <u>Feb. 13, 1935</u>		
19. UNDERTAKER <u>Prim Funeral Home</u> (ADDRESS) <u> </u>		
20. FILED <u>2-13, 1935</u> <u>H. M. McClung</u> <u>Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1935 to Feb. 12, 1935
 I last saw alive on Feb. 12, 1935. Death is said to have occurred on the date stated above, at 3 p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset 1930

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Urin. Chemist. 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) H. P. Smith, M. D.
 (Address) Walnut Grove 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.

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

