

WRITE CLEARLY, WITH NON-FADING 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.

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

Do not use this space.

MAY 21 1935

11939

**1. PLACE OF DEATH**

County Boone Registration District No. 73  
 Township Columbia Primary Registration District No. 3006  
 City Columbia (Boone County Hospital)

File No. 85  
 Registered No. 85 Ward

**2. FULL NAME**

(a) Residence, No. 62 St. 1st Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1935, to 4, 1935

I last saw him live on, 1935 Death is said to have occurred on the date stated above, at 19:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-4-1925

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
9 8 19

From injuries sustained in automobile accident. (Ran in front of car & was knocked down.) Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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

Other contributory causes of importance: 210 M

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

FATHER 13. NAME Albert Sapp

Name of operation Date of

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME Maudie Crose

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4-20-1935

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

Where did injury occur? Range Line St. Columbia Mo (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Albert Sapp, Jr. Columbia, Mo.

Specify whether injury occurred in industry, in home, or in public place. In public street

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE Apr. 24, 1935

Manner of injury

19. UNDERTAKER (ADDRESS) Garrett Undertaking Co. Columbia Mo.

Nature of injury

20. FILED 4/24/1935 Allie Selby Registrar.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify E. G. Davis, Coroner (Signed) Columbia Mo. (Address)

