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

Do not use this space.

11988-2

JUL 25 1936

1. PLACE OF DEATH

County: Polk — Registration District No.: 704

Township: Looney — Primary Registration District No.: 5933

City: Willard — No. R.F.D. No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME: Joe Jasper Sappington Jr.

(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. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Infant.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March-9-1936

7. AGE — YEARS: ..... MONTHS: ..... DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Polk County Mo

FATHER

13. NAME: Joe Gene Sappington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greene Co Mo.

MOTHER

15. MAIDEN NAME: Melba Opel Ragains

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grock Co Mo.

17. INFORMANT (ADDRESS): Joe G. Sappington Willard - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rose Hill County DATE: March-10 1936

19. UNDERTAKER (ADDRESS): Brim Funeral Home Walnut Grove Mo.

20. FILED: June 30 1936 Grace Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March-10 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to March 9, 1936

I last saw him alive on March 9, 1936. Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
Premature infant	
lived 16½ hours.	
Weak heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

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) B. J. Darnell, M. D.

(Address) Marrisville 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

100M-11-24-33