

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.

39 JUL 28 1937

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

Do not use this space.

23735

1. PLACE OF DEATH

County *Greene*
Township *Campbell*
City *Springfield* (No. *826 W. Olive*)

Registration District No. *318*

Primary Registration District No. *2001*

File No. _____
Registered No. *520*
St. _____ Ward _____

2. FULL NAME *Nancy Alice Sapp*

(a) Residence, No. *826 W. Olive* St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *14* yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *(with the ward) married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James Eli Sapp*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 7, 1866*

7. AGE YEARS *70* MONTHS *7* DAYS *15* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
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) *Mo.*

13. NAME *James B. Mallock*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina*

15. MAIDEN NAME *Harriet E. Howell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

17. INFORMANT *James Eli Sapp* (ADDRESS) *826 W. Olive*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lebanon Cem.* DATE *6-24-37*

19. UNDERTAKER (ADDRESS) *Lloyd W. Fox* *629 W. Walnut St*

20. FILED *June 24, 1937* *Chas. A. George* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 22, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *2, 13, 37*, 19____, to *6, 22, 37*, 19____.

I last saw him or her alive on *6, 21, 1937*. Death is said

to have occurred on the date stated above, at *1:30 A.M.*

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

Cerebral hemorrhage

Date of onset
1937
2, 13

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *Physical* 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? _____

If so, specify _____

(Signed) *Domnick*, M. D.

(Address) *Springfield, Mo.*

