

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.

REC'D MAY 18 1938

1. PLACE OF DEATH

County Butler Registration District No. 89  
Township Poplar Bluff Primary Registration District No. 5131  
City Poplar Bluff St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 14169  
Registered No. 85

2. FULL NAME

Wm Carl Sappington Ward 152  
(a) Residence, No. RFD #4 Poplar Bluff (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 Male 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 Myra H. Sappington  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1889  
7. AGE YEARS 48 MONTHS 7 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Apr 19-1938 11. Total time (years) spent in this occupation credit

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo

FATHER 13. NAME W. S. Sappington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo

MOTHER 15. MAIDEN NAME Laura Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo

17. INFORMANT Mrs. Myra H. Sappington (ADDRESS) RFD #4 Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Apr 22 1938

19. UNDERTAKER N. T. Phelps (ADDRESS) Poplar Bluff

20. FILED 4/22 1938 Registrar 89

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-19-38, 1938, to 4-20-, 1938

I last saw him alive on 4-20-38, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

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

Date of onset 4-19-1938  
Post Operative shock following intestinal obstruction.

Other contributory causes of importance: 17 vb

Name of operation Intestinal obstruction Date of 4-19-38

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) W. W. [Signature] M. D.

(Address) Poplar Bluff, Missouri

122B-  
The President

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 08-24-2001 BY SP-6 BTJ/STW

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

14169  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township Paplar Bluff Primary Registration District No. 5131  
 (c) City ..... (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm Carr Sappington

(a) Residence, No. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 7 29

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

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at m.

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

past operative shock following intestinal obstruction

Date of onset

Other contributory causes of importance:

NON Malignant Adhesions

Name of operation 17 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) J.W. McSherry, M. D.

(Address) Paplar Bluff Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. N. B.—Examine carefully before signing, so that it may be properly classified. Cause of Death in plain terms.

SUPPLEMENTARY

