

LEAD JUN 8 1938

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

18293

Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 4333
(c) City SPRINGFIELD (d) Street No. St. John's Hospital 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 Baby Leila Lucille Sappington
(a) Residence, No. St. Marys Mo St. St. Marys Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7

OCCUPATION
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) St. Marys Mo

FATHER
13. NAME Dean Leonard Sappington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Texas

MOTHER
15. MAIDEN NAME Minnie Lucille Keiser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crystal City Mo

17. INFORMANT (ADDRESS) B. J. Sappington St. Marys, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Mo DATE May 28 1938

19. FUNERAL DIRECTOR (ADDRESS) Walter Sappington, St. Marys Mo
by parents - (permission by)

20. FILED May 28 1938 Chas. C. Jones, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-27-38, 19... to 5-27-38, 19...
I last saw h... alive on 5-27-1938 Death is said to have occurred on the date stated above, at 9:10 P.M.
The principal cause of death and related causes of importance were as follows:
Congestive heart failure?
Bronchopneumonia

Other contributory causes of importance
Bronchopneumonia

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? no
If so, specify.....
(Signed) John B. Smith M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)