APR 20 1931

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

Do not use this space.

1. PLACE OF DEATH
County Barry
Township Exeter
City (No. St. Ward)

Registration District No. 34
Primary Registration District No. 6239

File No. 8707
Registered No. 7

2. FULL NAME Thomas Newton Sapp.

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7 - 1850

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
80	3	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

PARENTS

10. NAME OF FATHER Silas Sapp.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N.C.
12. MAIDEN NAME OF MOTHER Elizabeth Striger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N.C.

14. INFORMANT James Sapp
(Address) Exeter Mo.

15. FILED 3-3 - 1931 Mrs. W. P. Searcy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2nd 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1930, to March 2nd, 1931, that I last saw him alive on Feb. 28th, 1931, and that death occurred, on the date stated above, at March 2nd 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prostatitis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) old age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? No Test

(Signed) D. C. Mitchell, M. D.
, 19 (Address) Cassville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Pleasant
DATE OF BURIAL Mch 3rd 1931

20. UNDERTAKER Robert Barr
ADDRESS Exeter 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.