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.

NOV 23 1927

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

Do not use this space.

30011

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No. 66

Township — Primary Registration District No. 3016 — Registered No. 66

City Washington (No. ..... St. ..... Ward)

2. FULL NAME Clemense Laporin

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

Length of residence in city or town where death occurred yrs. 2 mos. 27 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): Child.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 11 - 1927

7. AGE — YEARS: — MONTHS: 2 — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child.
(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): Washington Mo.

PARENTS

10. NAME OF FATHER: Pete Laporin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Washington Mo
12. MAIDEN NAME OF MOTHER: D Cardrey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hope, Mo.

14. INFORMANT: Pete Laporin
(Address) Washington Mo.

15. FILED Oct 10, 1927 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1927, to Oct 8, 1927, that I last saw him alive on Oct 8 at 4 P.M., 1927, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Membranous Laryngitis
105 A
86 10
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Convulsions
(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? Clinical
(Signed) O. L. Munch, M. D
Oct 10, 1927 (Address) Washington 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: Catholic Cemetery — DATE OF BURIAL: 10-10-27

20. UNDERTAKER: Otto & Co. — ADDRESS: Washington Mo