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.

JUL 9 1928

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

Do not use this space.

1. PLACE OF DEATH
County STE. GENEVIEVE — Registration District No. 780 — File No. 18271
Township — Primary Registration District No. 4466 — Registered No. 22
City Ste. Genevieve (No. ..., ... St. ..... Ward)

2. FULL NAME Cletus La Rose
(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE w
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) Day Mon Not Known 1907

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
21	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Inmate of County
(b) General nature of industry, business, or establishment in which employed (or employer) Home Ste. Genevieve Co Missouri
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rivers Aux Vases
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Alex H. La Rose
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rivers aux Vases
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Vlyla Boyette
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rivers aux Vases
(STATE OR COUNTRY) Missouri

14. INFORMANT Aug. Brickley
(Address) Ste. Genevieve Mo

15. FILED May 27, 1928 T. W. Douglas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1928

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1928, to May 26, 1928 that I last saw him alive on May 25, 1928, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy

85 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 78

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) C. J. Hoppaddle, M. D.
May 27, 1928 (Address) Ste. Genevieve 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 Ste. Genevieve Mo — DATE OF BURIAL May 27 1928

20. UNDERTAKER John Basler Ste. Genevieve Mo — ADDRESS