

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. ....)

Registration District No. 791  
1003  
Primary Registration District No. 1386 Temple Pl.

File No. 35628  
Registered No. 10401  
St. .... Ward)

**2. FULL NAME**

Allyn Milton Lapham

(a) Residence. No. 1386 Temple Pl. St. 6 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 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 Emily Lapham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 11, 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	86	2	11	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Real Estate Dealer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Decatur  
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Alonzo Lapham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Louis G. Lapham  
(Address) 7386 Temple Pl.

15. FILED CCT 23 1929 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 22, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1 1929 to Oct. 22 1929 that I last saw him alive on Oct. 18 1929, and that death occurred, on the date stated above, at 10:30 a.m.

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

CONTRIBUTORY (SECONDARY) Arterio Sclerosis  
(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  
(Signed) G. J. Sullivan, M. D.  
, 19 (Address) 1927 Missouri City

\*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 Decatur, Ill. DATE OF BURIAL 10-23-1929

20. UNDERTAKER Heidert and Co. ADDRESS Herrington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. EXACTLY. PHYSICIANS should state amount of certainty supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

