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

Do not use this space.

14304

1. PLACE OF DEATH

County ..... Registration District No. 701 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3644

City St. Louis Mo (No. 1239 Grattin St. ..... Ward)

2. FULL NAME Joseph K. Lappin

(a) Residence. No. 1239 Grattin St., 22 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-17-1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	—	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Lappin

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

12. MAIDEN NAME OF MOTHER Eula Hurn

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

14. INFORMANT John Lappin
(Address) 1239 Grattin St.

15. FILED APR 12 1930 Max C. Markley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-11 1930

17. I HEREBY CERTIFY, That I attended deceased from April 10th, 1930, to April 11th, 1930, that I last saw him alive on April 11th, 1930, and that death occurred, on the date stated above, at 10.50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hydrocephalus.

1576

159

..... (duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (SECONDARY) Malnutrition

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

159

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH .....

9 DID AN OPERATION PRECEDE DEATH? — DATE OF .....

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Arthur Sundaer, M. D.

4/11, 1930 (Address) 2202 Lincoln St

*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 St Mathews Cemetery | DATE OF BURIAL 4-12 1930

20. UNDERTAKER McLaughlin | ADDRESS 1631 Mo Ave.

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.