

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

Do not use this space.

28558

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *1239*)

*Grattan*

File No. ....

Registered No. **8463**

St. .... Ward)

**2. FULL NAME**

*Eula Jean Lappin*

(a) Residence. No. *1239 Grattan* 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)

*Female*

*white*

*married*

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

*John Lappin*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 27 1902*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*28*

*1*

*28*

**8. OCCUPATION OF DECEASED**

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

*House wife*

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

*Home*

(c) Name of employer

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

*St. Louis Mo. Ark*

10. NAME OF FATHER

*James R. Hurst*

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

*Washington Ark*

12. MAIDEN NAME OF MOTHER

*Nina Armstrong*

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

*Washington Ark*

14.

INFORMANT (Address)

*John Lappin 1239 Grattan W*

15.

FILED AUG 26 1930

*Wm C Starker*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 21 1930*

17. I HEREBY CERTIFY, That I attended deceased from *August 12*, 19*30*, to *Aug 25*, 19*30*, that I last saw h. *er* alive on *Aug 5*, 19*30*, and that death occurred, on the date stated above, at *12 or 2* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Tuberculosis (pulmonary)*

*35.8* (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTOR (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

20. WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS *Chemist & Physical Finding*

(Signed) *Dr. Matty Crowe*, M. D.

, 19 (Address) *5738 W. Florissant*

\*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

DATE OF BURIAL

*Matt Heary Aug 27 1930*

20. UNDERTAKER

ADDRESS

*E. J. Schurer 3125 Lafayette*

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.

