

OCT 31 1930

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

Do not use this space.

30836

1. PLACE OF DEATH

County Putnam  
Township Union  
City Unionville (No. )

Registration District No. 716  
Primary Registration District No. 6480

File No. \_\_\_\_\_  
Registered No. 40  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Laura Jette Clapper

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-29-1885

7. AGE YEARS 45 MONTHS 0 DAYS 14  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Putnam Co MO  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Shirley

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

12. MAIDEN NAME OF MOTHER Malissa Pearson

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

14. INFORMANT O.H. Clapper  
(Address) Unionville MO

15. FILED 9-16-30 J.H. Holman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-15 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 13 1930 to Sept 15 1930 that I last saw her alive on Sept 15 1930, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute entero-colitis due to  
dietary error - duration 1 1/2 days  
170 150 (duration) yrs. mos. 7 ds.  
CONTRIBUTORY Cachexia + Metabolic imbalance  
(SECONDARY) due to Thyroidectomy (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? No.

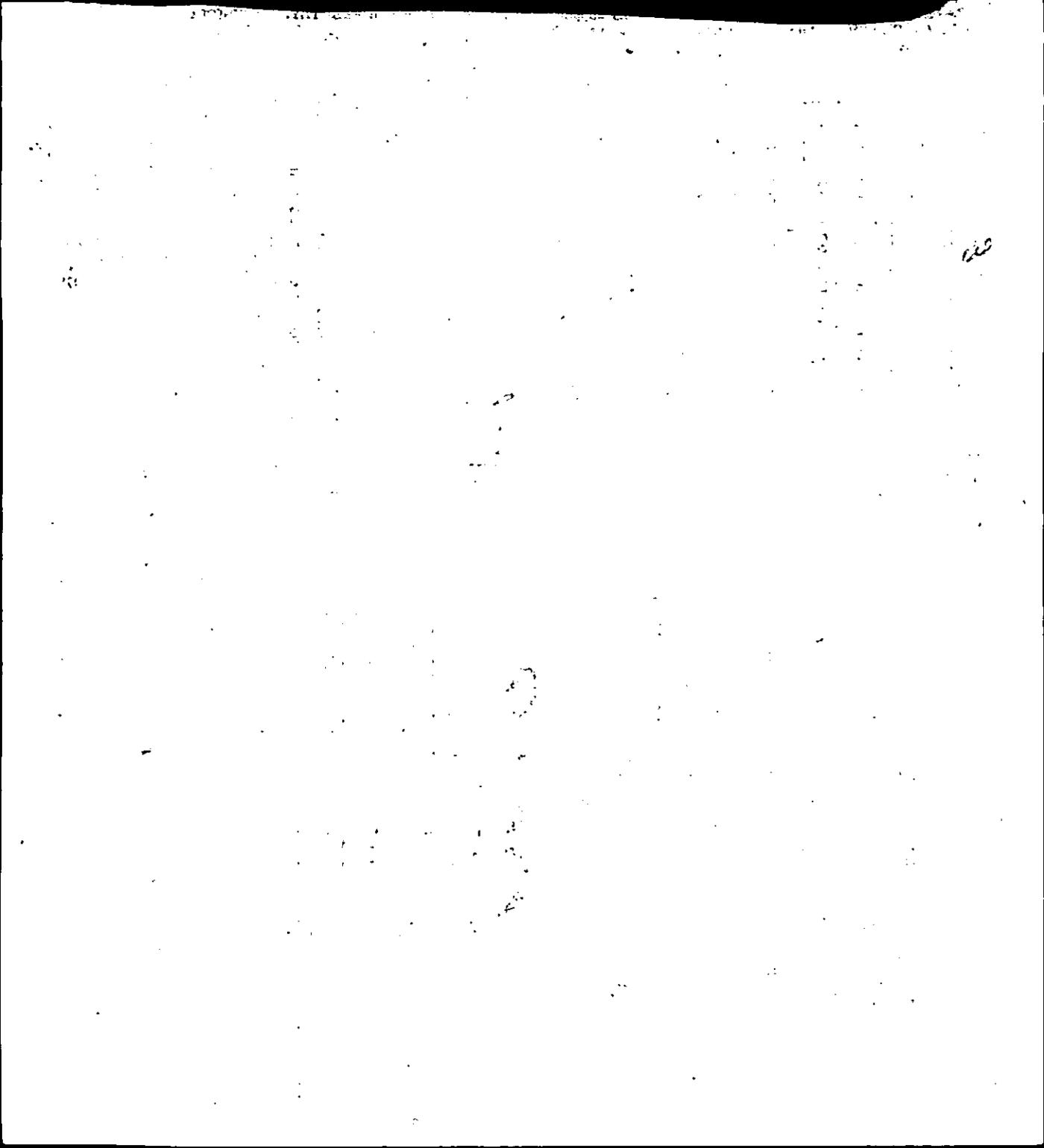
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory  
(Signed) Guy E. Cobb, M.D.  
9/16 1930 (Address) Unionville MO

\*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 Unionville Cemetery  
DATE OF BURIAL 9/17 1930

20. UNDERTAKER Courtat Mae A  
ADDRESS Unionville

PHYSICIANS should state CAUSE OF DEATH, if known, as properly classified. Exact statement of OCCUPATION is very important.



cated by check marks, lacking from the death certificate:

Name: Laura Getta Clapper

Who died at: Unionville, Mo on Sept. 15, 1930,

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Acute Enterocolitis due to dietary error - duration

Contributory:  Cachexia and Metabolic imbalance due to Hypoadrenalism

Where was disease contracted? Not known

Did operation precede death? Yes Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

Name of physician: \_\_\_\_\_

Address of physician: \_\_\_\_\_  
W. H. Johnson  
Local Registrar

S-30836