

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.

54

DEC 22 1930

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

Do not use this space.

36658

97

1. PLACE OF DEATH

County Lafayette
Township Lexington
City Lexington (No.)

Registration District No. 461
Primary Registration District No. 3024

File No.
Registered No.
St. Ward)

2. FULL NAME

Louis James Delapp

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Sept 26 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 1 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Charles J. Delapp

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

12. MAIDEN NAME OF MOTHER Mrs. Lorento

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

14. INFORMANT Wyllie Hall Delapp
(Address) Lexington Mo

15. FILE NO. 19 30 1111 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 16 1930 to Nov 16 1930 that I last saw him alive on Nov 16 1930, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-pneumonia
.....
..... (duration) yrs. mos. 7 da.
CONTRIBUTORY Whooping Cough
(SECONDARY) (duration) yrs. mos. 21 da.

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) A. J. Chalkley, M. D.
(Address) Lexington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lexington Mo DATE OF BURIAL Nov 17 1930

20. UNDERTAKER Wm. H. Regert ADDRESS Lexington Mo

