

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

Do not use this space.

18860-
23

1. PLACE OF DEATH

799 County Perry Registration District No. 660
 111 Township Central Primary Registration District No. 4396
 6 City Perryville (No. _____ St. _____ Ward _____)

2. FULL NAME

Lorene Marie Clappitt

(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: <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>write the word</u>) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22 1930</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perryville Mo 1</u>		
FATHER	13. NAME <u>Chyde Clappitt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Genevieve 8 Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Tucker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perryville Mo</u>	
17. INFORMANT (ADDRESS) <u>Chyde Clappitt Perryville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Hope</u> DATE <u>5/23 31</u>		
19. UNDERTAKER (ADDRESS) <u>Zoellner & Sons</u>		
20. FILED <u>May 23 31</u> <u>Dr. J. Becker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1931, to May 22, 1931.
 I last saw her alive on May 22, 1931. Death is said to have occurred on the date stated above, at 6:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Lobar Pneumonia
108 108
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? chest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. (D)

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. J. Becker, M. D.
 (Address) Perryville

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.

6 JUN 27 1931

