

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

Do not use this space.

1. PLACE OF DEATH

County..... Buchanan
Township.....
City..... St. Joseph, (No. 424 No. 23rd. St.)

Registration District No. 85
Primary Registration District No. 1007

File No. 7462
Registered No. 261
St. _____ Ward _____

2. FULL NAME

Elizabeth Lapp
(a) Residence, No. 424 No. 23rd. St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 82 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 (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August Lapp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July, 26, 1844</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>7</u>	DAYS <u>18</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Baden,
(STATE OR COUNTRY) Germany. 10

13. NAME Joseph Eck

14. BIRTHPLACE (CITY OR TOWN) Baden,
(STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Baden,
(STATE OR COUNTRY) Germany

17. INFORMANT Mrs. J. S. Clark
(ADDRESS) 424 No. 23rd. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellenville, N. Y., DATE Mar. 15, 1932.

19. UNDERTAKER Walter Maciechoffe
(ADDRESS) 1302 Paragon St. St. Joseph, Mo.

20. FILED MAR 14 1932 John C. Bender
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 14, 1932 , 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1932 to Mar 14, 1932
I last saw h. or alive on Mar 14, 1932 Death is said to have occurred on the date stated above, at 11.10 P.M.
The principal cause of death and related causes of importance were as follows:

Cholecystitis chronic Date of onset Several yrs ago
129 P
97
162 127 10
Other contributory causes of importance:
(age) arterio-sclerosis
General

Name of operation None Date of _____
What test confirmed diagnosis? Chol. & Tub. 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) E. M. Shores _____, M. D.
(Address) Kirkpatrick Bldg, St. Joseph, Mo.

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.

APR 9 5 1932

