

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Laclede
Township Leland
City Richland

Registration District No. 712 ✓
Primary Registration District No. 5941

File No. 2216
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Robert Lape Bible

(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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 3rd 1931</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>2</u>
	DAYS <u>25</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>Infant</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) (STATE OR COUNTRY) <u>Near Richland, Pulaski Co., Mo.</u>		
FATHER	13. NAME <u>Lape Wilken Bible</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Richland, Pulaski Co., Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Ethel Velma Bleckers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Richland, Pulaski Co.</u>	
17. INFORMANT <u>Ethel Velma Bible</u> (ADDRESS) <u>Richland Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baryon</u> DATE <u>Jan 29</u> 19 <u>34</u>		
19. UNDERTAKER <u>N. B. Zupier</u> (ADDRESS) <u>Richland Mo.</u>		
20. FILE <u>Jan 29</u> 19 <u>34</u> <u>Covitt & Oliver</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 - 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 27, 1934, to Jan 28, 1934.
I last saw him alive on Jan 28, 1934. Death is said to have occurred on the date stated above, at 11 am.
The principal cause of death and related causes of importance were as follows:
Pneumonia, bronchitis
107A 107A
Date of onset Jan 20, 1934

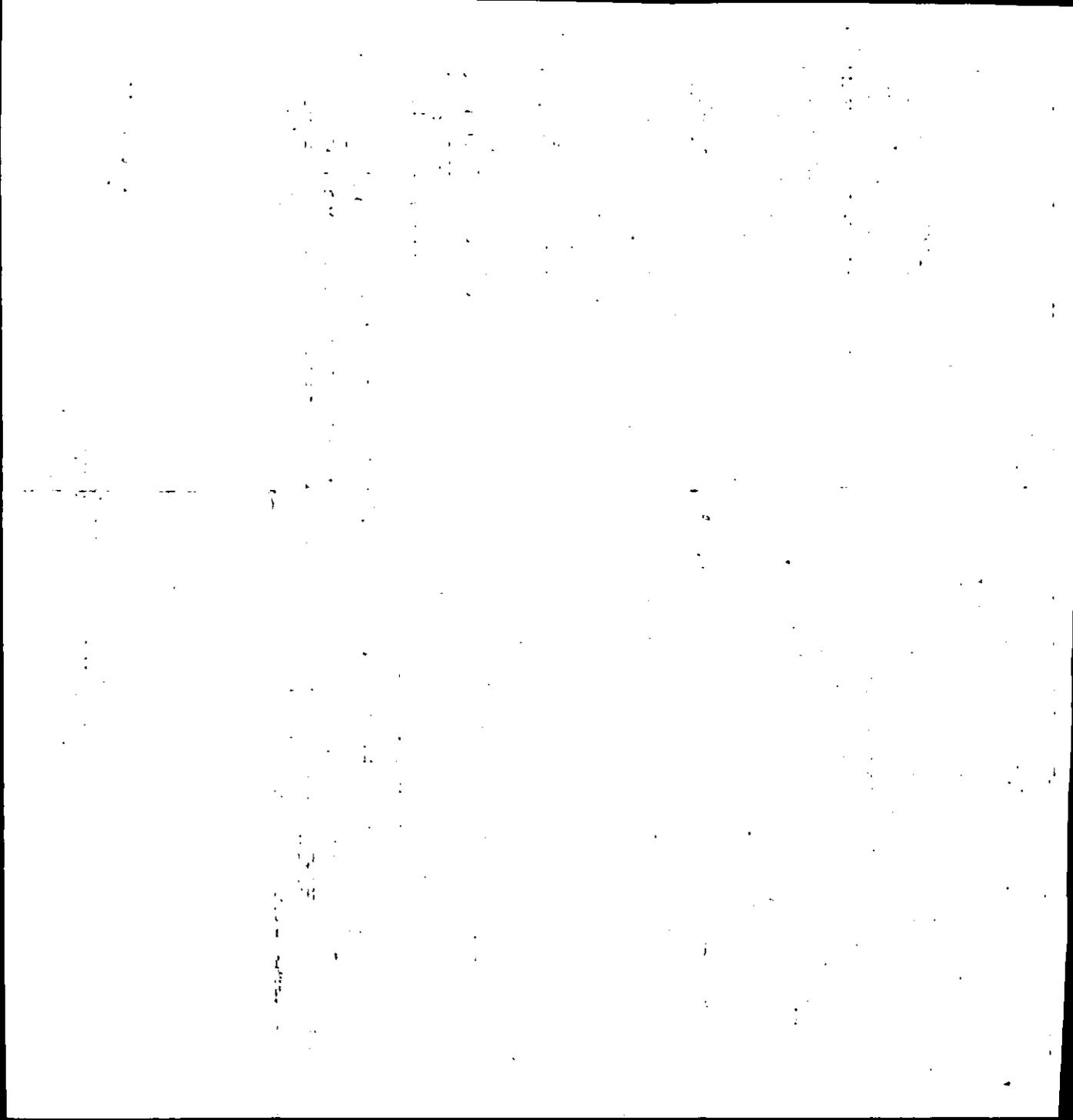
Other contributory causes of importance
0

Name of operation none Date of 0
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 0, 1934
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify C. Mallatt Crocker, M. D.
(Signed) _____ (Address) Richland, Mo.



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WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Robert Lafe Beble
Who died at _____ on Jan 28 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

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

Sex M Color or race W Single, ~~married~~, ~~widowed~~ or ~~divorced~~: _____

Date of birth _____ Age: Years 2 Months 2 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 10 Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Broncho pneumonia

Other contributory causes of importance None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Evert A. Oliver

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 712

Primary Reg. Dist. No. 5941

Very truly yours,
E. T. McLaugh M.D.
yc

Special Agent.

5-2216