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.

80 1935

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

Do not use this space.

37153

File No.

Registered No. 154

1. PLACE OF DEATH

County St. Francois

Township St. Francois

Registration District No. 773

Primary Registration District No. 6018A

Near City Farmington, Mo. (No. , St. Ward)

2. FULL NAME Charles La Plant

(a) Residence, No. De Soto, Mo. 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna LaPlant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 29, 1862

7. AGE: Years 72 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner

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): Ste Genevieve Mo.

FATHER

13. NAME: Nicholas LaPlant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Rose LaPlant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE De Soto Mo. DATE 11-20, 1935

19. UNDERTAKER (ADDRESS): Daniel J. Mahn De Soto Mo.

20. FILED 11-19-1935 B. J. Robinson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1935, to 11-17, 1935

I last saw him alive on 11-16, 1935. Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis | |
| 10720 | |
| Senile Psychosis | |
| Terminal Bronchopneumonia | 11-16-35 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical 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?

If so, specify

(Signed) P. S. Fair, M. D.

(Address) Hosp. #2 Farmington Mo.