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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 21 1936

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

Do not use this space.

34019

File No.

Registered No.

1. PLACE OF DEATH
County: Dunklin
Registration District No.: 288
Primary Registration District No.: 5405
Township:
City: Kennett (No. 417 W. St. Ward)

2. FULL NAME: Maxeine Lape

(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: F
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): Mch-1-1935

7. AGE: Years 1 Months 6 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Kennett Mo.

FATHER
13. NAME: W. W. Lape
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adburn Mo.

MOTHER
15. MAIDEN NAME: Gladys Aldridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kennett, Mo.

17. INFORMANT (ADDRESS): W. W. Lape Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nagel DATE: 9/12 1936

19. UNDERTAKER (ADDRESS): Buchanan

20. FILED: Oct 6 1936 Wheeler Dover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936, to Sept 11, 1936
I last saw her alive on Sept 10, 1936. Death is said to have occurred on the date stated above, at 10:45 a m.
The principal cause of death and related causes of importance were as follows:

Illio Colitis — Date of onset Sept 6-36

HG-8

Other contributory causes of importance:

Unsanitary feeding

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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) Lynn D. Gilmore M.D.
(Address) Kennett Mo.