AUG 26 1937

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

Do not use this space.

1. PLACE OF DEATH
County MONROE — Registration District No. 582 — File No. 27850
Township JACKSON — Primary Registration District No. 5779 — Registered No. 32
City ..... (No. ..... St. ..... Ward)

2. FULL NAME ROBERT I. LASS
(a) Residence, No. ..... St., ... Ward. SUGAR CREEK, MO.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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 EARLENE P. LASS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 30, 1915

7. AGE: YEARS 22 — MONTHS 1 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STUDENT TELEVISION SCHOOL
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) JULY 1937
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MO.

FATHER
13. NAME ALBERT LASS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

MOTHER
15. MAIDEN NAME MAUDE STEPHENSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

17. INFORMANT (ADDRESS) MRS. ROBT. LASS SUGAR CREEK, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE WALNUT GROVE DATE JULY 6 1937

19. UNDERTAKER (ADDRESS) Snood & Blakey Paris, Missouri.

20. FILED JUL 4 1937 H C Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUL 4 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19....., to ✓, 19.....
I last saw h ✓ alive on ✓, 19 ✓ Death is said to have occurred on the date stated above, at about 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

By falling off Cliff accidentally near Columbia Bridge do to fact the deceased was unfamiliar with grounds and unusually dark night.

Date of onset

Other contributory causes of importance:

1860

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident. 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) Russell M. Wilson Coroner
(Address) MONROE CITY, MO.

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.