

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.

**OCT 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Genevieve Registration District No. 783
Township Saline Primary Registration District No. 6029
City _____ (No. _____ St. _____ Ward)

File No. 35195
Registered No. _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. 17 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*) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Idal LaPort
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 1951
7. AGE YEARS 86 MONTHS 0 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Bloomdsale Missouri

13. NAME Clasick La Rose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomdsale Missouri

15. MAIDEN NAME Elizabeth Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

17. INFORMANT Ells La Rose
(ADDRESS) Rivers Run Dam, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Genevieve DATE Sept 8 1937

19. UNDERTAKER Les C. Bahler
(ADDRESS) St. Genevieve Mo

20. FILED Oct 6 1937 Mrs. Correll Boyd
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-9-1937 to Sept 6 - 1937
I last saw him alive on 8-15-1937 Death is said to have occurred on the date stated above, at 2:30 A.M.

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

arterio-sclerosis.
Chronic Myocarditis
Date of onset ?
Other contributory causes of importance: Chronic Myocarditis Mar-1937

Name of operation _____ Date of _____
What test confirmed diagnosis? Chivald 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 _____

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) R. H. Lawrence M. D.
(Address) St. Genevieve Mo

