

OCT 27 1937

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

Do not use this space.

35478

## 1. PLACE OF DEATH

County

Stoddard

Registration District No.

837

Township

Castro

Primary Registration District No.

6099

City

No.

St.

Ward)

## 2. FULL NAME

John Fredrick Clapper Jr

(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

Male

4. COLOR OR RACE

White

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

infant

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

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

Sept 22, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 2 hrs. or min.

OCCUPATION

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

infant

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)

Bloomfield Mo

FATHER

13. NAME

John Fredrick Clapper Sr.

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

Monroe Co Mo

MOTHER

15. MAIDEN NAME

Virginia Leathe Mc Lee

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

Mo

17. INFORMANT (ADDRESS)

John F. Clapper  
Bloomfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Stantville Cem

DATE

Sept 23, 1937

19. UNDERTAKER (ADDRESS)

Lehigds Mnd. Co  
Bloomfield Mo

20. FILED

Oct 9, 1937

W. E. Ford  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1937, to Sept 22, 1937

I last saw him alive on 4 A. M. Sept 22, 1937. Death is said to have occurred on the date stated above, at 12 P. M.

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

Atelactasis

Date of onset  
9/22/37

Other contributory causes of importance:

none

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? No

If so, specify

(Signed)

Edward Ford, M. D.  
Bloomfield Mo

(Address)

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.

