

JAN 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cass

Registration District No. 159

File No. 45028

Township Park

Primary Registration District No. 5224

Registered No. 9

City (No. \_\_\_\_\_) \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Princess Lapsley

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 9 19

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

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) Marion, Ohio

13. NAME Robert Mahaffey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) The Lakes, Ind.

15. MAIDEN NAME Hennetta White

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

17. INFORMANT (ADDRESS) Mrs. Claude Stewart Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Pleasant Hill Dec. 6 37

19. UNDERTAKER (ADDRESS) W. J. Noffsinger Pleasant Hill, Mo.

20. FILED 12/10, 1937 W. Beckman, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1937, to Dec 5, 1937

I last saw him alive on Dec 3, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Cerebral Hemorrhage

Date of onset 11/19/37

Other contributory causes of importance: Arterio-sclerosis & Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

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? Yes  
If so, specify \_\_\_\_\_

(Signed) L. V. Murray, M. D.  
(Address) Pleasant Hill, Mo.

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.

