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.

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

2
1

Do not use this space.

File No. 1980

Registered No. 1

1. PLACE OF DEATH

County Boone

10 Township Cedar

City ..... No. ..... St. ..... Ward)

Registration District No. 71

Primary Registration District No. 5110 A

2. FULL NAME Infant

(a) Residence, No. 100 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: W

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

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

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

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, 12 hrs. or ..... min.

OCCUPATION

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

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) Ashland Mo.

FATHER

13. NAME Larry Lapp

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

MOTHER

15. MAIDEN NAME Wanda Lapp

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

17. INFORMANT (ADDRESS) H. B. Fry Ashland, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hashinch DATE 1-14 1938

19. UNDERTAKER (ADDRESS) Hall & Bennett Ashland Mo.

20. FILED 2/9/ 1938 Frances Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1938 to 1-14 1938

I last saw h— alive on 1-14 1938 Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Premature birth	

Other contributory causes of importance: 159

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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) H. B. Fry, M. D.

73 (Address) Ashland Mo.