

REC'D JUL 14 1938

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

21646

Do not use this space.

1. PLACE OF DEATH

(a) County Clinton. Registration District No. 206
(b) Township..... Primary Registration District No. 4124 Registered No. 12
(c) City Lathrop. (d) Street No..... St.
(e) Length of residence in city or town where death occurred 50 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Bula Ray Tapp.

(a) Residence, No. Lathrop. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeping.

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) Lathrop. Mo.13. NAME Frank Slaughter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known17. INFORMANT (ADDRESS) Daniel Tapp Lathrop, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop. Mo. DATE June 27, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) DeMoss Brunk Lathrop, Mo.20. FILED 627 38 E. B. Dinkerson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on..... 11:45⁹ A.M. Death is said to have occurred on the date stated above, at..... m.

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

"by a gun shot wound, inflicted by Deputy Sheriff Guy Oliphant in self defense and in the performance of his official duty and that homicide." Date of onset

Verdict of Inquest Jury.

Other contributory causes of importance:
Shot in upper left breast with 45 colt pistol. 173-

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury....., 19.....Where did injury occur? Lathrop Mo. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. homeManner of injury As above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) A. P. Templeman M.D.187 (Address) Cameron mo
Coroner, Clinton County

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.