MAY 28 1936

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

Do not use this space.

18774

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township " " Primary Registration District No. 3009
City Cape Home (No. 427 R N. Middle (Home) St. Ward)

File No.
Registered No. 144

2. FULL NAME Girtrude Lapp
(a) Residence, No. 427 R N-Middle 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 Col
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) Feb. 25 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) 1 yr
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Friendship. Tenn

FATHER
13. NAME Wm Mallroy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — — Tenn

MOTHER
15. MAIDEN NAME Schroetta Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — — Tenn

17. INFORMANT (ADDRESS) Roberta Slayton 427 R N Middle

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fairmount DATE 5/4 1936

19. UNDERTAKER (ADDRESS) Beard Deevers Estes Cape Girardeau Mo

20. FILED May 1 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May.-Ist, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

Cancer of left breast.

Date of onset

Other contributory causes of importance: None.

50

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? 427 R N. Middle St.
(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? .....
If so, specify .....
(Signed) J. A. Moore Coroner. M.D.
(Address) 130a N. Sprigg St.
Cape Girardeau, 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.