

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.

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

6809
181

1. PLACE OF DEATH

County St. Francois
Township Lead Mine
City Lead Mine (No.)

Registration District No. 774
Primary Registration District No. 6018-B

File No.
Registered No. St. Ward

2. FULL NAME

Louis La plante

(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2, 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>3</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lead miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO.
(STATE OR COUNTRY)

10. NAME OF FATHER Louis La plante

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER D. K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY)

14. INFORMANT Sam Louis La plante
(Address)

15. Feb 28 31 W. G. Bryan
FILED 19 31 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to Feb. 19, 1931 that I last saw him alive on Feb. 19, 1931, and that death occurred, on the date stated above, at 1:15 P., m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
100
930

CONTRIBUTORY (SECONDARY) myocarditis
(duration) yrs. mos. ds. 4
D.R. = da.

18. WHERE WAS DISEASE CONTRACTED 108
IF NOT AT PLACE OF BIRTH? D. K.

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? chemical
(Signed) W. J. Bryan, M. D.
2-19-1931 (Address) 7 Lead Mine

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fredericktown DATE OF BURIAL 2-20 1931

20. UNDERTAKER Eck H. Welb. ADDRESS Fredericktown

