

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Reno  
City Kansas City (No. 3743, Euclid Ave)

Registration District No. 399  
Primary Registration District No. 1007

File No. 509932  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Miss Rena Lucie C. Rapp  
(a) Residence No. 3743 Euclid St., 13 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27, 1869

7. AGE: YEARS 58 MONTHS 16 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER J. L. Black

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wichita Mo.

12. MAIDEN NAME OF MOTHER Mary Morris

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

14. INFORMANT R. M. Rapp (Address) 3743 Euclid

15. FILED 7/19/28 M. M. Craven REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 15, 1927, to July 18, 1928. that I last saw her alive on July 18, 1928, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ch. Interstitial nephritis  
131  
422/129 W (duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Aortic incompetency (SECONDARY) (duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no.  
WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_

(Signed) A. C. Search, M. D.  
7/19, 1928 (Address) 722 Chambers Bldg

\*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 Gallons, Mo. DATE OF BURIAL 7/20 1928

UNDERTAKER W. M. Mortuary ADDRESS \_\_\_\_\_

K. 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—A PERMANENT RECORD

1. *Penicillium* *blau*  
- 25°C 12 = ch.