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

Do not use this space.

35797

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4339

City Kansas City (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME Trapp ~~Lucille~~ Lucy Marie

(a) Residence. No. 1910 Main St., 3 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. L. Trapp.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July - 21 - 1900

7. AGE: Years 28 — Months 3 — Days 3 — 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): Iowa.

PARENTS
10. NAME OF FATHER: E. Connor.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa.
12. MAIDEN NAME OF MOTHER: Sarah Coelen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

14. INFORMANT: Record Clerk
(Address) Kansas City

15. FILED 10/25, 1928 M. M. Greene Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-24 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-23, 1928, to 10-24, 1928 that I last saw her alive on 10-24, 1928, and that death occurred, on the date stated above, at 10:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria with acute myocarditis
10
9 H (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Lab. Find. Clin. Find & Autopsy

(Signed) P. E. Williams, M. D
10-25, 1928 (Address) Supt K. C. Genl Hosp.

*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: Des Moines Iowa — DATE OF BURIAL: 10-27 1928

20. UNDERTAKER: O. V. Mast — ADDRESS: Kle 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.