

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.

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

Do not use this space.

35748

1. PLACE OF DEATH

County..... Sectt
 Township..... Weslo
 City..... Illmo (No....., St....., Ward.....)

Registration District No. 1155
 Primary Registration District No. 606B

File No.....
 Registered No. 8

2. FULL NAME

William Conrad Tapp

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/25/28

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Illmo Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER W. G. Tapp

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

12. MAIDEN NAME OF MOTHER Estta Jones

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

14. INFORMANT W. G. Tapp (Address) Illmo

15. FILED 11/10, 1928 Carl Tyler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 27 1928

17. I HEREBY CERTIFY That I attended deceased from Oct. 25, 1928, to Oct. 27, 1928 that I last saw him/her alive on Oct. 26, 1928, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia with
159 (duration) yrs. mos. da.
 CONTRIBUTORY 16/00 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? M DATE OF.....
 WAS THERE AN AUTOPSY? m
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) J. S. Danner, M. D.
 , 19 (Address) Illmo Mo.

*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 Illmo Mo DATE OF BURIAL 10/27/28
 20. UNDERTAKER C. W. Russell ADDRESS Illmo Mo.

