MAR 25 1930

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 4126
Township — Primary Registration District No. 1001 — Registered No. 191
City St. Joseph, (No. 1522 Jule St. St. Ward)

2. FULL NAME George M. Rapp
(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 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	2	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co, Mo.

PARENTS
10. NAME OF FATHER John Rapp.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT Margaret Rapp
(Address) 1522 Jule St.

15. FILED FEB 13 1930 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Viewed on , 19 , to , 19 , that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 4.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arterio Schlerosis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History
(Signed) B. W. Tadlock Coroner, M. D.
2/12, 1930 (Address) St Joseph 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 Mt. Mora Cemetery — DATE OF BURIAL Feb. 14, 1930

20. UNDERTAKER Walter Meierhoffer — ADDRESS 1302 Faraon St.

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.