

MAR 24 1932

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

Do not use this space.

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1. PLACE OF DEATH

79 County Perry
Township Union
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 969
Primary Registration District No. 5877

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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.
(If nonresident, give city or town and State)

Julitta W. Trapp

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 10, 1911</u>		
7. AGE	YEARS	MONTHS
	<u>20</u>	<u>5</u>
		23
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

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

PARENTS	10. NAME OF FATHER <u>Hugo Trapp</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Longtown, Mo.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Josephine Meyer</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Appleton, Mo.</u> (STATE OR COUNTRY)

14. INFORMANT Hugo Trapp
(Address) Richland, Mo. R. 1.

15. FILED _____, 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 19 32
17. I HEREBY CERTIFY, That I attended deceased from Jan 2 19 32 to Feb 3 19 32, and that I last saw her alive on Feb 3 19 32, and that death occurred, on the date stated above, at 8:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 23B
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C. P. Bournau M. D.
, 19 _____ (Address) Old Appleton, 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 St Joseph Cemetery DATE OF BURIAL 2-5-1932
20. UNDERTAKER Goellner & Young ADDRESS Perryville, Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene
Township Union
City (No.)

Registration District No. 969
Primary Registration District No. 3877

File No.
Registered No.
St. Ward

2. FULL NAME

Filitta W. Tropp
(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 5 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Longtown Mo

FATHER 13. NAME Hugo Tropp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Longtown Mo

MOTHER 15. MAIDEN NAME Josephine Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Longtown Mo

17. INFORMANT Hugo Tropp
(ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE St Joseph Cem DATE 2-5 1922

19. UNDERTAKER Geoffrey Jones
(ADDRESS)

20. FILED 2-6 1922 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1932 to Feb 3 1932

I last saw alive on Feb 3 1932. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Duration of 1 yr.

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? and

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury and, 1932
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

WHITE PLAINLY, WITH UNFADING INK. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. 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.

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