

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

Do not use this space.

18692

1. PLACE OF DEATH

10 County Boone Registration District No. 78

5 Township Missouri Primary Registration District No. 4046

1 City Rocheport (No. _____) St. _____ Ward _____

2. FULL NAME Frank Gustav Rapp

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

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13th 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>		<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Poughkeepsie, N.Y.

FATHER

13. NAME Christopher Friedrich Rapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hall Wurtemberg, N.Y.

MOTHER

15. MAIDEN NAME Margaret Nagengast

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bombara Germany

17. INFORMANT Chas. Kramm
(ADDRESS) Rocheport Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocheport (em. DATE June 9th 1932)

19. UNDERTAKER T. O. Willett
(ADDRESS) Columbia Mo

20. FILED 618 1932 Mary M. Angell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 - 1932 to June 6, 1932

I last saw him alive on June 6, 1932 Death is said to have occurred on the date stated above, at 1045 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset _____

134 131

Other contributory causes of importance:
Chronic Arterio Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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 C

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. E. Singell M. D.
(Address) Rocheport 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.

JUN 31 1932

