

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAR 20 1933

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.

6488

1. PLACE OF DEATH
County Marion Registration District No. 547
Township Marion Primary Registration District No. 3024
City Hannibal (No. 313 15th) St. 70 Ward

2. FULL NAME Mary C. Bapp
(a) Residence, No. 203 S 5th St 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17th 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 6 4

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

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) Cincinnati (STATE OR COUNTRY) Ohio

13. NAME Chas Howard

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

15. MAIDEN NAME Catherine Knausman

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

17. INFORMANT Mrs James H. Hennings (ADDRESS) 313 15th Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverside DATE 3/22/33 19.

19. UNDERTAKER James O'Hanley (ADDRESS) Hannibal Mo

20. FILED Feb 24 1933 J. E. Gaudin Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1933, to 2-22, 1933
I last saw him alive on 2-22, 1933. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Arteriosclerosis
Emphysema
Other contributory causes of importance:
None

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. E. Gaudin, M. D.
(Address) Hannibal Mo

