

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.

MAY 21 1933

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

Do not use this space.

1. PLACE OF DEATH
 County Clay Registration District No. 700
 Township Kearney Primary Registration District No. 5-279B
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Lewis W. Tapp
 (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)

File No. 16034
Registered No. 27

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1840

7. AGE YEARS 92 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.

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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1933, to May 21, 1933

I last saw him alive on May 20, 1933 Death is said to have occurred on the date stated above, at 3:20 AM

The principal cause of death and related causes of importance were as follows:
Senility
162

Other contributory causes of importance:
162

Date of onset

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

13. NAME W. P. Tapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Martha Dykes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT W. H. Tapp Kearney Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairview Kearney DATE May 20, 1933

19. UNDERTAKER C. W. Hessel
(ADDRESS) Kearney Mo

20. FILED 5/26/33, 1933 Phos L Smith
Registrar.

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. H. Matthews, M. D.
 (Address) Liberty Mo

