

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

Do not use this space.

26862

1. PLACE OF DEATH

54

County Lafayette Registration District No. 460
Township Davis Primary Registration District No. 56240.
City Higginsville, Mo. St. _____ Ward _____

File No. _____
Registered No. 53

2. FULL NAME William M. Klapp

(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 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) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Klapp			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 Aug 1844			
7. AGE YEARS 88	MONTHS 11	DAYS 19	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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

12. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

FATHER 13. NAME William A. Klapp

14. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Ritzell

16. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

17. INFORMANT Guy Klapp
(ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary DATE 8/3/33 19

19. UNDERTAKER Asst. Soder
(ADDRESS) Higginsville, Mo.

20. FILED 8-3- 1933 Dr. W. A. Braetlein
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933, to Aug 1 -, 1933.

I last saw him alive on Aug 1 -, 1933 Death is said to have occurred on the date stated above, at 7 P. m.

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

Acute Indigestion Date of onset 7-31-33

Other contributory causes of importance:
Myocarditis chronic

Name of operation None Date of _____

What test confirmed diagnosis Physical Was there an autopsy? No

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? No

If so, specify _____
(Signed) W. A. Braetlein, M. D.

(Address) Higginsville, Mo.

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.

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