

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

Do not use this space.

1689

FEB 27 1934

PLACE OF DEATH

County Johnson Registration District No. 731
Township Warrensburg Primary Registration District No. 5588
City Warrensburg (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Thomas Jefferson Trapp
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Trapp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 11 - 1851</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>10</u>	DAYS <u>1</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) <u>Johnson Co. Mo.</u>		
13. NAME <u>John L. Trapp</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Matilda Stockman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. K. Wilson Warrensburg</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>Jan. 13 - 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Sweeney-Phillips Warrensburg, Mo.</u>		
20. FILED <u>Jan 13 1934</u> <u>Wm. D. Allison</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 12 - 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 9 1934 to Jan 12 1934
I last saw him alive on Jan 11 1934 Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia Date of onset Jan 9

Other contributory causes of importance:
1070

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:
Cause of death, 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) E. Johnson M. D.
(Address) Warrensburg, MO

