

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph (No. R.F.D. #3 St. Joseph Mo. St. _____ Ward _____)

File No. 7990
 Registered No. 28

2. FULL NAME John Fred Trapp

(a) Residence, No. R.F.D. #3 St. Joseph 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 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 Mary Trapp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 22, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 4 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer
 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) Bavaria (STATE OR COUNTRY) Germany

13. NAME John Trapp

14. BIRTHPLACE (CITY OR TOWN) Bavaria (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret Lutz

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

17. INFORMANT Mary Trapp (ADDRESS) R.F.D. #3 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery PLACE St. Joseph Mo. DATE March 17 19. 34

19. UNDERTAKER H.O. Sidenfaden (ADDRESS) St. Joseph Mo.

20. FILED March 16, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 19 34

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1934, to March 15, 1934. I last saw h. im. alive on March 15, 1934. Death is said to have occurred on the date stated above, at 12:40Pm.

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

Lobar Pneumonia Date of onset 3-6-34
108

Other contributory causes of importance

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) Arthur A. Lee M. D.
 (Address) St. Joseph 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.

25 1934

