

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

Do not use this space.

33453

File No. _____
Registered No. 145 _____
St. _____ Ward _____

1. PLACE OF DEATH NOV 20 1934
61 County Mississippi
Township W. Liberty
City Chalottesville (No. _____)

Registration District No. 566
Primary Registration District No. 5762

2. FULL NAME George Trapp
(a) Residence, No. Caro - Ill. 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 9 20

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. Artist
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) Dubuque, Iowa

13. NAME Wilbur Trapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines, Iowa

15. MAIDEN NAME Johanna Meier

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

17. INFORMANT Carl Duncan (ADDRESS) Caro, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dubuque Iowa DATE Oct. 14 1934

19. UNDERTAKER Frank Lutz Funeral Service (ADDRESS) Chalottesville Mo

20. FILED Oct 11 1934 F. A. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16 1934
22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____
I last saw him alive on No Doctor 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Accidental
1875 Drummed
1875 None
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Fract 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? _____
If so, specify _____
(Signed) Paul Harkney
(Address) Caro, Ill. Chalottesville Mo.

N. B.—Every item of information should be carefully supplied. All statements of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, the undersigned authority, on this _____ day of _____, 20____

_____ known to me to be the person whose name is subscribed to the foregoing instrument, acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public in and for the State of Texas, My Commission Expires _____

My Office is located at _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Mississippi Registration District No. 566
 Township Trapp Primary Registration District No. 5762
 City Trapp (No.) St. (Ward)

File No. 33-453
 Registered No.

2. FULL NAME Geo. Trapp

(a) Residence, No. St., Ward. Cairo Ill
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 1 20

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)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER Kucher Bus Cairo Ill (ADDRESS)

20. FILED May 2 1935 F D Vermon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1934

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

Accidental Drowned (Date of onset)
no boat moved free from river bank

Other contributory causes of importance: None 183

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? Accident Date of injury , 19

Where did injury occur? Cairo Ill (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place - River bank

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
 (Signed) Paul T Mackey CORONER, ST. D.
 (Address) Cairo Ill

SUPPLEMENTARY

APR 24 1935

S-33153