

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.

OCT 11 1934

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

Do not use this space.

34378

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **9176** St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Bobby Dapp
29267 *Northway* *16*

(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 (write the word) *Single*

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. *0 0 10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
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) *St Louis*

13. NAME *Ben Dapp*

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

15. MAIDEN NAME *Adeline*

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

17. INFORMANT *Harold Dapp* (ADDRESS) *2331 So. Broadway*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St. Maries* DATE *Sept 17 34*

19. UNDERTAKER *Wacker Hebble* (ADDRESS) *2331 So. Broadway*

20. FILED *17 103* 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 *9/9* 19*34* to *9/16* 19*34*. I last saw *decd* alive on *9/16* 19*34*. Death is said to have occurred on the date stated above, at *1:25* p. m.

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

Bilateral Otitis media
89H
GAW
Other contributory causes of importance

Name of operation *myringotomy* Date of
What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *A. S. Snow* M. D.
(Address) *City St. Louis*

