

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.

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

Do not use this space.

APR 26 1935

1. PLACE OF DEATH *Jackson*
County *Jackson* Registration District No. *199*
Township *Kaw* Primary Registration District No. *199*
City *Kansas City, Mo. (No. General Hospital #2)* St. *1302* Ward

2. FULL NAME *Mable Tapp*
(a) Residence, No. *2420 Mt. Gall* 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.

File No. *9352*
Registered No. *1302*

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Equal Tapp</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>26</i>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Work</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>own Home</i>			
	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) <i>Missouri</i>				
MOTHER	13. NAME <i>Charles Walter Hester</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>			
	15. MAIDEN NAME <i>Anna Green</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>			
17. INFORMANT <i>Mary Lee Hester</i> (ADDRESS) <i>1420 North 4th St.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Hest Lawn</i> DATE <i>3-26</i> 19 <i>35</i>				
19. UNDERTAKER <i>N. C. Emb & Casket Co.</i> (ADDRESS) <i>440 State Ave. Kansas</i>				
20. FILED <i>3-25</i> 19 <i>35</i> <i>M. M. Coover</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-22-1935* *9:40 AM*

22. I HEREBY CERTIFY, that I attended deceased from *March 22, 1935* to *March 22, 1935*.
I last saw *deceased* alive on *March 22, 1935*. Death is said to have occurred on the date stated above, at *11:00* m.
The principal cause of death and related causes of importance were as follows:
acute myocardial infarction Date of onset *March 22, 1935*

Other contributory causes of importance:
930

Name of operation *Autopsy* Date of *4/15*
What test confirmed diagnosis *Autopsy* Was there an autopsy *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *None* Date of injury *3-22-35*
Where did injury occur? *Home* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*
Nature of injury *None*

24. Was disease or injury directly related to occupation of deceased?
If so, specify *None*

(Signed) *[Signature]* M. D.
(Address) *[Signature]*

