

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.

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

Do not use this space.

JUN 24 1935

16978

1. PLACE OF DEATH
 55 County Lawrence Registration District No. 468
 2 Township _____ Primary Registration District No. 428
 6 City Marionville (No. _____) St. _____ Ward _____
 2. FULL NAME Mollie Parillie Rapp
 (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 Female 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 G. M. Rapp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1876
 7. AGE YEARS 58 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housewife
 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) Stone Co. Mo.
 FATHER
 13. NAME G. N. Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.
 MOTHER
 15. MAIDEN NAME Elizabeth Gold
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chautauq Co. Mo.
 17. INFORMANT (ADDRESS) Mrs. G. M. Rapp, Marionville Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE May 31 1935
 19. UNDERTAKER (ADDRESS) Hyman Bradford, Marionville Mo.
 20. FILED June 10 1935 Laura O. Caswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1935
 22. I HEREBY CERTIFY, That I attended deceased from May 26 1935 to May 30 1935
 I last saw her alive on May 30 1935 Death is said to have occurred on the date stated above, at 10 A. M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
 Date of onset _____
 Other contributory causes of importance: g
 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? _____ 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) W. M. Halpern M. D.
 (Address) Marionville Mo.

