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

DEC 30 1935

Do not use this space.

32311

1. PLACE OF DEATH
County Douglass
Township Wood
City R.F.D. #6 Mtn. Grove
Registration District No. 908
Primary Registration District No. 6223
File No.
Registered No. 68
(No. , St. Ward)

2. FULL NAME Blanche Magdelena Tapp
(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 F
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 Chas. Oliver Tapp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28-1900
7. AGE YEARS 35 MONTHS 1 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) Mtn. Grove Missouri

FATHER
13. NAME W. O. Worman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Ohio

MOTHER
15. MAIDEN NAME Lina Curly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mtn. Grove Mo.

17. INFORMANT (ADDRESS) Chas. O. Tapp Mtn. Grove Mo. R.F.D. #6
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lone Star Cemetary DATE Oct. 22- 1935
19. UNDERTAKER (ADDRESS) Mr. Elliott Cabool Mo.
20. FILED 11-2 1935 Bernice Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21- 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct. 18- 1935, to Oct. 21- 1935
I last saw her alive on Oct. 21- 1935. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Eclampsia | 10-18-35 |

Other contributory causes of importance:

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? no
If so, specify
(Signed) C. W. Denney, M. D.
(Address) Mtn. Grove Mo.

ALL INFORMATION FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. Do not use this space.

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

1. PLACE OF DEATH
County Douglas — Registration District No. 957 — File No.
Township Jackson — Primary Registration District No. 5392 — Registered No. 1
City (No. , St. Ward)

2. FULL NAME Blanche Magdelena Lapp
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m

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

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

7. AGE — YEARS 35 — MONTHS 1 — DAYS 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 35, 1935 Tharnton Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1935

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

| | Date of onset |
|---|---|
| Eclampsia | |
| Puerperal | |

Other contributory causes of importance: Acute nephritis

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) R. W. Denney, M. D.
(Address) Mtn Grove Mo

SUPPLEMENTARY

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.

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