

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.

JUL 24 1936
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22907

1. PLACE OF DEATH

County Jackson
 Township Russ
 City Kansas City

Registration District No. 399
 Primary Registration District No. 1002
 (No. 1606 Opelar)

File No. 22907
 Registered No. 22907
 St. Ward

2. FULL NAME

(a) Residence, No. 1606 Opelar St. Ward
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1902

7. AGE YEARS 33 MONTHS 2 DAYS 8 If LESS than 1 day,hrs. ormin.

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) Kansas City Mo.

13. NAME Joseph Krapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City

15. MAIDEN NAME Minnie Raymond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

17. INFORMANT (ADDRESS) Anna Spunnscher 1606 Opelar

18. BURIAL, CREMATION, OR REMOVAL PLACE Opelar DATE June 13 1936

19. UNDERTAKER (ADDRESS) Opelar Funeral Home 711 C. Mo.

20. FILED 6-12 36 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6 1936, to June 11 1936
 I last saw him alive on June 7, 1936 Death is said

to have occurred on the date stated above, at 10:30 m.
 The principal cause of death and related causes of importance were as follows:

Abcessed tonsil swelling of tonsils strangled him

Other contributory causes of importance:
Abcessed tonsil for past 3 or 4 days

Name of operation..... Date of.....
 What test confirmed diagnosis..... Was there an autopsy? No

23. If death was due to external cause (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) [Signature] M. D.
 (Address) 252 W. 13th St.

"

Mackey