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

Do not use this space.

OCT 15 1936

File No. 34413

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Mrs. Celia B. Tappan

(a) Residence, No. Elmere Hotel 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1847

7. AGE: YEARS 89 | MONTHS 1 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Voice wife for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

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) Youngstown, Ohio

FATHER

13. NAME Lorenzo Bartholomew

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

MOTHER

15. MAIDEN NAME Nancy Booth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT Mrs Lucille Tappan Moreland
(ADDRESS) Berkshire Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery DATE Sept 9, 1936

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 2041 N. Linwood

20. FILED Sept 8, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Sept 7, 1936, 19..

I last saw her alive on Sept 6, 1936. Death is said to have occurred on the date stated above, at 9:30 a m.

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

	Date of onset
Bronchio Pneumonia	Sept 1/36
191	

Other contributory causes of importance: Heart Stroke — Aug 15/36

Name of operation None — Date of Physical Laboratory

What test confirmed diagnosis? — Was there an autopsy? No

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) J. V. Deck M. D.

(Address) 132 Professional Bldg Kansas City Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X7044

[illegible]

[illegible]

Vs 4238

Thence until 4 P.M.