

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 25 1937

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

Do not use this space.

1328

**1. PLACE OF DEATH**

County Jackson  
Township Kan  
City Kansas City (No. KC Gen Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 115  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Rapp  
(a) Residence, No. 2040 Rain Ave Ward. 1  
(Usual place of abode)

Length of residence in city or town where death occurred 34 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1937 to 1-5 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1, 1856

I last saw him alive on 1-5 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>80</u>	<u>3</u>	<u>4</u>	

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 267  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 18

German Sclerosis; Chronic Myocarditis; Dilatation of Heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Other contributory causes of importance: \_\_\_\_\_

13. NAME Matthew Rapp

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

15. MAIDEN NAME Ratmeyer

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT (ADDRESS) Reina Clark

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapelwood DATE 1-8- 1937

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) George F. Johnson

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

20. FILED 1-8 1937 M. M. Crowe, asst Registrar.

If so, specify \_\_\_\_\_ (Signed) P. F. De Marco, M. D. (Address) 2422 Gen Hosp

