

83
JUN 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Perry*
Township *Union*
City *Union* (No. *9*)

Registration District No. *969*
Primary Registration District No. *8877*

File No. *20935*
Registered No. *9*
St. *Union* Ward *1*

2. FULL NAME

(a) Residence, No. *Agnes Trapp* St. *Union* Ward *1*
(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 *Female* 4. COLOR OR RACE *White* 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) *Jan 10 1854*

7. AGE YEARS *83* MONTHS *4* DAYS *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Unemployed*
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) *Perry Co. Mo.*

13. NAME *Agnes Trapp*

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

15. MAIDEN NAME *Mary Schott*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Perry Co. Mo.*

17. INFORMANT (ADDRESS) *Mrs. Ignatius Trapp*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Apple Creek* DATE *June 2 1937*

19. UNDERTAKER (ADDRESS) *Yarns & Sons*

20. FILED *June 9 1937* *Buff. Hatter*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 1 1937*

22. I HEREBY CERTIFY That I attended deceased from *June 1 1937* to *June 1 1937*.
I last saw him alive on *June 1 1937*. 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:
Senility
Indigestion
5A
June 1 1937

Other contributory causes of importance:
Chamberlain's Pain Exp.
June 1 1937

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 *—*
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) *O. B. Bourmon* M. D.
(Address) *Old Appleton Miss.*

Registrar

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.

