OCT 19 1937

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

Do not use this space.

2 399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 33323
Township Kaw — Primary Registration District No. — Registered No. 3768
City Kansas City (No. 702 West 77th Street St. Ward)

2. FULL NAME Mrs. Harriet J. Trapp

(a) Residence, No. 702 West 77th Street 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Illinois

FATHER
13. NAME James E. Conklin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Philemon Bouchard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Emery E. Trapp
(ADDRESS) 702 West 77th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 9/17/37 19

19. UNDERTAKER Freeman Mortuary Chapel
(ADDRESS) Kansas City, Mo.

20. FILED 9-17 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937 to Sept 15, 1937
I last saw her alive on Sept 14th, 1937. Death is said to have occurred on the date stated above, at h. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 17 1937
82a 1	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Ward H. Leonard M. D.
(Address) 3232 Summit St.

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.

3232 Amendment

2 - 4 P.M.

Lo 1523