FEB 20 1928

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

Do not use this space. 412

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 131 File No.
Township Randal Primary Registration District No. 5182 Registered No.
City (No. St. Ward)

2. FULL NAME Martin L Haupt
(a) Residence. No. Cape Gir R F D - No 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rose Haupt ~~Husband~~
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-23-1868
7. AGE: Years 59 | Months 10 | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Egypt Mills
(STATE OR COUNTRY) Cape Gir Co Mo

PARENTS
10. NAME OF FATHER John Haupt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Amelia Brockman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Rose Haupt
(Address) Cape Gir R - 1

15. FILED Feb 19, 1928 Oliver J Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14th 1928
17. I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1928, to Jan 14, 1928, that I last saw him alive on Jan 14, 1928, and that death occurred, on the date stated above, at 9 o'clock P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
11A Lobar Pneumonia
108
106 A
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) La Grippe & Cold
(duration) yrs. mos. 10 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at her home
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O J Miller, M. D
, 19 (Address) Egypt Mills Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Egypt Mills Sixth Cem
DATE OF BURIAL: Jan 17 1928
20. UNDERTAKER: Al Brunkopf
ADDRESS: Cape Gir Mo

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