

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

Do not use this space.

721251

1. PLACE OF DEATH

County Marion
Township Emerson
City Hannibal (No.)

Registration District No. 547
Primary Registration District No. 3079
118 & 6th

File No.
Registered No. 154
St. 3 Ward

2. FULL NAME

(a) Residence. No. 118 & 6th St. 31 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) for Brothers & Sisters
(c) Name of employer Hannibal Missouri

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

10. NAME OF FATHER John Kaup

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) German

12. MAIDEN NAME OF MOTHER Mary Epperly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) German

14. INFORMANT (Address) Mr. Otto Kaup
Hannibal Mo.

15. FILED 6/13 1928 W. Stroh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-9-1928

17. I HEREBY CERTIFY that I attended deceased from May 3, 1928, to June 9, 1928, that I last saw her alive on June 9, 1928, and that death occurred, on the date stated above, at 9 2nd St.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chorea
Feb 2 - mths ago
2 yrs. mos. da.
CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. A. Rose M. D.
, 19 (Address) June 13-28

*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 DATE OF BURIAL
St. Oliver Cemetery 6-12 1928

20. UNDERTAKER ADDRESS
James O'Donnell

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

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.

