

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

Do not use this space.

31441

1. PLACE OF DEATH

County St. Charles
Township Callaway
City Callaway (Name)

Registration District No. 759
Primary Registration District No. 6000

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Carina Auping nee Greiver

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

Dec 3 - 1842

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>85</u>	<u>9</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Wagon Maker

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

New Melle Mo

10. NAME OF FATHER

Auping

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Detmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

(Address)

H. H. Auping
New Melle Mo

15. DATE OF DEATH

Sept 20, 1928

Old Melle Mo

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept. 19 - 1928

17.

I HEREBY CERTIFY That I attended deceased from June 1, 1928, to Sept 19, 1928
that I last saw him alive on Sept 10, 1928, and that death occurred, on the date stated above, at 1 - A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Epithelioma of upper face & mouth
45 yrs

162 (duration) 20 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Senility (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Old Melle Mo M. D.

Sept 20, 1928 (Address) New Melle 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

DATE OF BURIAL

First Cemetery, New Melle Mo

Sept 21, 1928

20. UNDERTAKER

Claude E. McElhinney

ADDRESS

New Melle Mo

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.

