

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

Do not use this space.

2630

1. PLACE OF DEATH  
 County Monroe Registration District No. 598 File No. \_\_\_\_\_  
 Township Waverly Primary Registration District No. 2355 Registered No. 8  
 City Versailles Mo (Name) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Elizabeth Stoupe  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_  
 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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 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 Joseph Stoupe  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5<sup>th</sup> 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 11 23  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28<sup>th</sup> 1929  
 17. I HEREBY CERTIFY That I attended deceased from Jan 12<sup>th</sup> 1929 to Jan 28<sup>th</sup> 1929 that I last saw h. etc. alive on Jan 28<sup>th</sup> 1929, and that death occurred, on the date stated above, at 1:30 P.M.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Bright Disease  
 130  
 (duration) yrs. mos. da. \_\_\_\_\_  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) yrs. mos. da. \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo  
 10. NAME OF FATHER Mrs. H. Habtner  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 12. MAIDEN NAME OF MOTHER Sarah Beck  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

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) S. M. Newton, M. D.  
Jan 28, 1929 (Address) Versailles Mo

14. INFORMANT Max B. Stoupe  
 (Address) Versailles Mo  
 15. FILED 1/30/29 H. N. Lutman  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rock Dale Cemetery DATE OF BURIAL Jan 30 1929  
 20. UNDERTAKER Lambert Co ADDRESS Versailles 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.

1929  
21  
4  
2

135

1  
2  
2

PARENTS

Richard L. Kaul

[The main body of the document is extremely faint and illegible. It appears to contain several paragraphs of text, but the characters are too light to be accurately transcribed. There are some faint vertical lines and small dark spots scattered throughout the page, which may be artifacts of the scanning process or the original document's layout.]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Morgan  
Township Versailles  
City Versailles (No. ....) St. .... Ward)

Registration District No. 598  
Primary Registration District No. 4353

File No. ....  
Registered No. 8

**2. FULL NAME**

Mary Elizabeth Stroup

(a) Residence. No. .... St. .... Ward. ....  
(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 3/3/29 H. N. Sulman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) JAN 28 19 29

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., 19....., and that I last saw him alive on ..... 19....., and that death occurred, on the date stated above at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Bright's Disease  
Undetermined  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (date) yrs. mos. ds.

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)....., M. D.

, 19 (Address)

\*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

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

All information should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

S-2630