

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

Do not use this space.

1. PLACE OF DEATH

County St. Genevieve Registration District No. 780 File No. 3263
 Township St. Genevieve Primary Registration District No. 6025 Registered No. 5
 City..... (No.....) St..... Ward.....

2. FULL NAME Adeline Stuppy

(a) Residence. 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 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) Dec 25 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 ✓ 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (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) St. Genevieve Missouri

PARENTS

10. NAME OF FATHER Charles Stuppy

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) St. Genevieve Missouri

12. MAIDEN NAME OF MOTHER Josephine Decker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) St. Genevieve Missouri

14. INFORMANT Wm Stuppy
 (Address) St. Genevieve Mo

15. FILED Jan 17, 1928 T.W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-16-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 16, 1929 (that I last saw him alive on Jan 10, 1929, and that death occurred, on the date stated above, at.....)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inf. pneumonia
 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Branch pneumonia
 (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) R. H. Lawrence, M. D.
1/17, 1929 (Address) St. Genevieve Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Genevieve Mo DATE OF BURIAL Jan 18 1929

20. UNDERTAKER John Basch St. Genevieve Mo ADDRESS

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. 3 1928 95 0 0

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