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

Do not use this space.

5110

FEB 25 1929

1. PLACE OF DEATH
County: Stone — Registration District No. 843 — File No.
Township: ~~Etsey~~ Oto — Primary Registration District No. 6284 — Registered No.
City (No. St. Ward)

2. FULL NAME: Emma Lee Cupp
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 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: X
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 6 – 1912
7. AGE: Years 17 — Months 0 — Days 4 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Summer Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: George Cupp
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Tony Co Mo
12. MAIDEN NAME OF MOTHER: Nettie Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Stone Co Mo

14. INFORMANT: Leonard Cupp
(Address): Crane Mo
15. FILED: Jan 11 1929 Thos J McCord, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 11 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Jan 11, 1929, that I last saw ~~her~~ alive on Jan 10, 1929, and that death occurred, on the date stated above, at 5 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
11B Acute Endocarditis
91 A
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY): Mfrmyn
(duration) yrs. mos. 30 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? yes
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Nil
(Signed) [signature], M.D.
, 19 (Address) Yaeme 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: Mt Olive Cemetery — DATE OF BURIAL: Jan 12 1929
20. UNDERTAKER: Ernest Hillman — ADDRESS: Crane 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.

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