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

Do not use this space.

13980

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No.
Township — Primary Registration District No. — Registered No. 565
City St. Joseph (No. — St. — Ward)

2. FULL NAME Caroline Uphoff
(a) Residence. No. 318 E. Mo. Ave. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Fredrick Uphoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
79	6	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

235

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

10

PARENTS

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

10

14. INFORMANT Margaret Dice
(Address) St. Joseph Mo.

15. FILED APR 29 1929, 19 John G. Jetz REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28, 1929

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1929, to April 28, 1929, that I last saw her alive on April 28, 1929, and that death occurred, on the date stated above, at 9:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Valvular Heart Dis
Acute Dilatation of Heart
92A (duration) 3 yrs. mos. ds.
95B
CONTRIBUTORY (SECONDARY) Unknown
(duration) 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? Clinical
(Signed) A. R. Simeonson, M. D.
4/29, 1929 (Address) St. Joseph, 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 Mount Auburn Cem.
DATE OF BURIAL April 30 1929

20. UNDERTAKER Fred D. Clark
ADDRESS 5025 King Hill

MAR 20 1956