JUN 25 1929

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

Do not use this space.

17606

File No. .....
Registered No. 65

1. PLACE OF DEATH
County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 301
City Excelsior Springs (No. ....., ... St. ..... Ward)

2. FULL NAME Harry Kupper
(a) Residence. No. Royal Hotel St., ... Ward. Chicago Ill
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S., if of foreign birth? 43 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mattie Kupper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	4	25	

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

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

PARENTS
10. NAME OF FATHER Un Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pallard
12. MAIDEN NAME OF MOTHER Ester Raisler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pallard

14. INFORMANT Mrs Mattie Kupper
(Address) Chicago Ill.

15. FILED 5/27, 19 29 J. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1929

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to May 20, 1929, that I last saw h. alive on May 20, 1929, and that death occurred, on the date stated above, at 11 30 P. m.

11H. THE CAUSE OF DEATH* WAS AS FOLLOWS:
10 Acute dilatation of Heart
10 Pneumonia
Influenza
..... (duration) ~~1 year 6 mos.~~ ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Influenza and Pneumonia
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? physical findings
(Signed) Samuel R. McCrosky, M. D.
, 19 (Address) Excelsior Spgs 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
Chicago Ill.	May 22 1929
20. UNDERTAKER John C Prather	ADDRESS Ex Spgs

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.