

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

Do not use this space.

19174

1. PLACE OF DEATH

County Wheeler
Township.....
City Wheeler (No.....)

Registration District No. 757
Primary Registration District No. 3036

File No.....
Registered No. 87
St..... Ward)

2. FULL NAME

Sophie Hupe
(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.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1929

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

17. I HEREBY CERTIFY, That I attended deceased from May 21 1929 to May 26 1929, that I last saw him alive on May 21 1929, and that death occurred, on the date stated above, at 9:45 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25-1898

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 9 1

82A
82D Cerebral Hemorrhage
97

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) Sen Art Schwin
(duration) yrs. mos. ds. 4

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

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

10. NAME OF FATHER Brunkhoff

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

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY).....

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Signs of cerebral hemorrhage
(Signed) A. Perical Sching, M.D.

12. MAIDEN NAME OF MOTHER Guttridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY).....

*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.

14. INFORMANT Frank Bueggers (Address) 412 W. 4th St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter's Cemetery DATE OF BURIAL May 27 1929

15. FILED 9/1 1929 Hy B. Blachmann REGISTRAR

20. UNDERTAKER W. Hallman & Son Co ADDRESS 800 N. 2nd St.

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.

77 1929

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