

AUG 20 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22161

1. PLACE OF DEATH

County Cape Gir.Registration District No. 124Township WilderPrimary Registration District No. 5177City BurfordvilleFile No. 46Registered No. 46St. Ward

2. FULL NAME

(a) Residence. No. Dorothy May Acup 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

F

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)

Sept 14 - 1922

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.7927

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(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)

Bollinger Co. Mo

10. NAME OF FATHER

Chas Acup

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bollinger Co. Mo

12. MAIDEN NAME OF MOTHER

Annie Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bollinger Co. Mo

14.

INFORMANT

(Address)

Chas Acup
Burfordville Mo.

15.

FILED

8-7-30D. G. Huber

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-11-1930

17.

I HEREBY CERTIFY, That I attended deceased from June 21, 1930 to July 11, 1930 that I last saw him alive on July 8, 1930, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Syphoid fever

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at homeDID AN OPERATION PRECEDE DEATH? No DATE OF WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. G. Huber

M. D.

8-7-1930 (Address) Jackson 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

Mc Gee Cemetery7-12-1930

20. UNDERTAKER

ADDRESS

Cracraft & MillerGolden Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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