

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

Do not use this space.

39449

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 5545 Tracy)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 5021  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rebecca A. Cupp

(a) Residence. No. 5545 Tracy St. 15 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Cupp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 0 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(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) Missouri

PARENTS

10. NAME OF FATHER B. F. Pepper

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

12. MAIDEN NAME OF MOTHER Mary J. Ee Fever

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

**14.**

INFORMANT Rev. Louis Cupp  
(Address) 4635 Madison

**15.**

FILED 17/14/30 M. M. Kerowe  
1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1930, to Dec. 12, 1930 that I last saw him alive on Dec. 11, 1930, and that death occurred, on the date stated above, at 12 Noon m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Initial regurgitation  
8: D

(duration) 8 yrs. mos. ds.  
CONTRIBUTORY Paralysis of lower limbs (SECONDARY) Do not know  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH do not know  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Jas. W. Graham M. D.  
12/12/30 (Address) 2057 Argyle K.C., 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 Forest Hill DATE OF BURIAL 12-15-30<sub>19</sub>

20. UNDERTAKER R.V. Lindsey & Sons, Inc. ADDRESS Kansas City 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. James Graham  
Angels Bay