

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.

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

Do not use this space.

887

PLACE OF DEATH

County Spencer
Township east
City (No.)

Registration District No. 314
Primary Registration District No. 5429B

File No.
Registered No. 1
St. Ward

2. FULL NAME Donares Jane Shupe

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) June 19 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 30

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Homer, Iowa
(STATE OR COUNTRY) MO

10. NAME OF FATHER Allen Shupe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wadsworth, MO
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Constance Shupe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wadsworth, MO
(STATE OR COUNTRY)

14. INFORMANT James Shupe
(Address) Wadsworth, MO

15. FILED 1/19 19 31 68 Bennett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931 to Jan 18, 1931
that I last saw him alive on Jan 18, 1931, and that death occurred, on the date stated above, at 11 A m.
THE CAUSE OF DEATH WAS AS FOLLOWS:
Totai Pneumonia

CONTRIBUTORY (SECONDARY)
108

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF ①

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) B. E. Shupe M. D.

, 19 (Address) Wadsworth, 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

Wadsworth, MO 1/19/31
High School Building
20. UNDERTAKER Robert H. Phillips ADDRESS Wadsworth, MO

