

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

Do not use this space.

1. PLACE OF DEATH
 57 County Lincoln Registration District No. 488
 Township Hawk Point Primary Registration District No. 6366
 City Hawk Point No. _____ St. _____ Ward _____
 2. FULL NAME Mildred Mary Stupanch
 (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.

File No. 610482
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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) Oct 31 - 1920
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 1 19
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. In School
 (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) St Louis, Mo
 10. NAME OF FATHER H H Stupanch
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boyer Mo
 12. MAIDEN NAME OF MOTHER Antonia Kasper
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Osborne Mo

14. INFORMANT H. H. Stupanch
 (Address) Hawk Point Mo
 15. FILED 12/21/32 W. F. Grinn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1932
 17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932, to Dec 19 1932, that I last saw her alive on Dec 19 1932, and that death occurred, on the date stated above, at 12 - - m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis & Pneumonia
9 15 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Pneumonia and Arteriosclerosis
Rheumatism (duration) yrs. mos. ds. 9
 18. WHERE WAS DISEASE CONTRACTED at home ①
 IF NOT AT PLACE OF DEATH...
 0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Physical
 (Signed) E. A. Aliens, M. D.
12-20-1932 (Address) Boyer 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 Bohanna Cemetery DATE OF BURIAL Dec 21 1932
 20. UNDERTAKER Kasper Bros ADDRESS Boyer Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARION RESERVED FOR BINDING

V. NO. 2.

