

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

Do not use this space.

**1. PLACE OF DEATH**

County Cape Girardeau  
Township Cape  
City Cape Girardeau (No. St. Francis Hospital)

Registration District No. 125  
Primary Registration District No. 0889

File No. 501  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Sherman T. Haupt

(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. SEX<br><u>M</u>  | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Ruth Haupt</u>                     |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15 1845</u>  |                              |   |
| 7. AGE<br><u>67</u> YEARS   | MONTHS<br><u>3</u>           | DAYS<br><u>17</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salmoner</u> |                              | If LESS than 1 day, _____ hrs. or _____ min.                                |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                          |                              | 11. Total time (years) spent in this occupation.                            |
| 10. Date deceased last worked at this occupation (month and year)   |                              |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Egypt Mills Mo.</u>                                     |                              |   |
| 13. NAME <u>John C. Haupt</u>   |                              |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>   |                              |   |
| 15. MAIDEN NAME <u>Mary Brockmann</u>   |                              |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>   |                              |   |
| 17. INFORMANT <u>Mrs. Margaret Haupt</u><br>(ADDRESS) <u>Jackson Mo.</u>                                    |                              |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Egypt Mills, Guthrie County</u> DATE <u>1-11 1933</u>            |                              |   |
| 19. UNDERTAKER <u>Wm. Lewis Tompkins Co.</u><br>(ADDRESS) <u>Jackson Mo.</u>                                |                              |   |
| 20. FILED <u>1/4 1933</u> <u>W. J. Tompkins</u><br>Registrar.   |                              |   |

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/21, 1932, to 1/12, 1933

I last saw him alive on 1/12, 1933 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia  
12/31  
Other contributory causes of importance:  
Nephritis  
Date of onset \_\_\_\_\_

Name of operation no Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. J. Tompkins, M. D.  
(Address) Cape Girardeau

IS PERMANENT RECORD

WITH UNFADING

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.

24 133

