

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

Do not use this space.

6371

1. PLACE OF DEATH  
57 County Lincoln  
Township Millwood  
City (No. .... St. .... Ward)

Registration District No. H 90  
Primary Registration District No. 5657

File No. ....  
Registered No. H

2. FULL NAME Isaac Grant Uplegrove  
(a) Residence, No. .... St. .... 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosa Uplegrove</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13 - 1864</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>11</u>
	DAYS <u>5</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Mo</u>		
FATHER	13. NAME <u>Isaac Uplegrove</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Sallie King</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Co. Mo</u>	
17. INFORMANT (ADDRESS) <u>Elizabeth Mosley</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Liberty</u> DATE <u>Feb 20 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Garrah H. Dwyer Co</u>		
20. FILED <u>2-19-33</u> <u>O. H. Dauron</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 1933, to 1933  
I last saw him alive on Feb 16, 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Uterine Pectonis  
7 1/2 hrs dead  
94a  
Other contributory causes of importance:  
had been suffering at times for 16 months  
Name of operation none Date of .....  
What test confirmed diagnosis Clinical Was there an autopsy? No

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) O. H. Dauron, M. D.  
(Address) Lincoln 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.

