

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township Montgomery
City near Montgomery City Mo.

Registration District No. 592
Primary Registration District No. 5290

File No. 13641
Registered No. 10
St. _____ Ward)

2. FULL NAME

Hanna Hupe

(a) Residence, No. near Montgomery City St. _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Hupe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 6 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) Germany

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

17. INFORMANT W. F. Hupe
(ADDRESS) Montgomery City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetary DATE 4-15-1934
near Truxton Mo.

19. UNDERTAKER F. S. Kidwell
(ADDRESS) Montgomery City Mo.

20. FILED April 14 1934 Bull Memphis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13-1934

22. I HEREBY CERTIFY, That I attended deceased from you 1934 to Apr 13 1934
I last saw her alive on Apr 13 1934 Death is said to have occurred on the date stated above, at 8.40 AM m.

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

Exhaustion as result of fracture of head of femur
186A

Other contributory causes of importance:

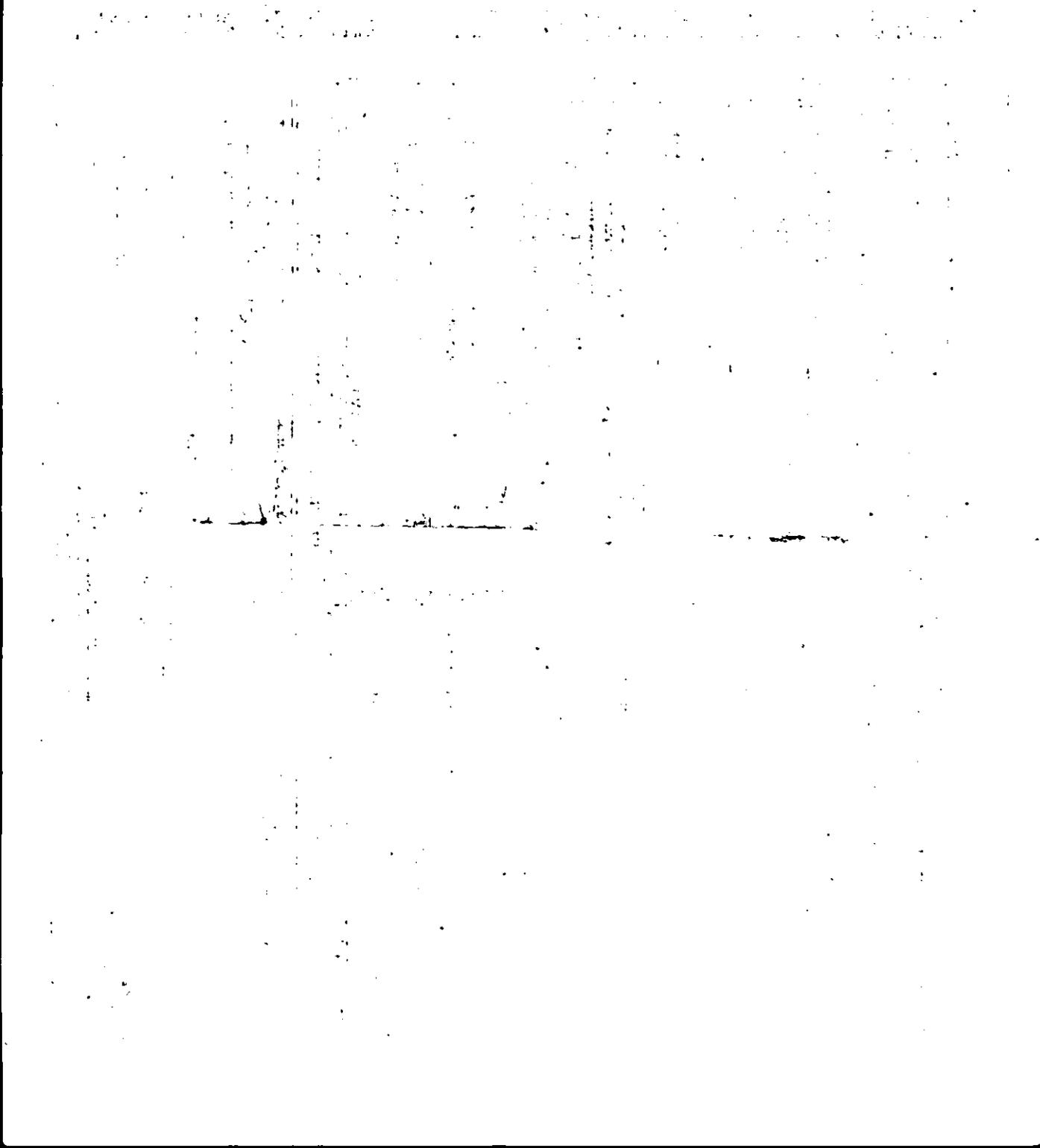
Name of operation 194B Date of 1934
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify _____
(Signed) G. W. Dinsley M. D.
(Address) Montgomery 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.



13641

10

Montgomery

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Hanna Heipe
Who died at _____ on April 13 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 90 Months 6 Days 20

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Principal cause of death: Exhaustion as a result of heart trouble
Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) The head of the bed was caused by falling out the floor. Was found
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: tripped on a rug

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

Name of physician E. W. Insley
Address of physician Montgomery City Mo

Signature of Registrar Buell Myrtle Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 592
Primary Reg. Dist. No. 5790

Very truly yours,

E. T. McGaugh
State Registrar
Special Agent.

S-13641