

SEP 14 1934

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

Do not use this space.

29897

## 1. PLACE OF DEATH

County Safayette  
Township Clay  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 464  
Primary Registration District No. 5622A

File No. 16  
Registered No. 81  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

William Christopher Hupman

(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 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Elizabeth Hupman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 10 5

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

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) Aug 9 - 1934 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME John W. Hupman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Hupman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hupman

17. INFORMANT E. S. Hupman  
(ADDRESS) Independence Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Livingston Mo. DATE 8/13

19. UNDERTAKER Chicom Hous.  
(ADDRESS)

20. FILED Sept 8 1934 Mr. E. M. Goodwin  
Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1934 to Aug 11, 1934

I last saw him alive on Aug 11, 1934. Death is said to have occurred on the date stated above, at 11 a.m.

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

Heat Stroke  
Temperature was 118 F  
at death; 118.5 F  
throughout illness

Other contributory causes of importance:

Arteriosclerosis  
191  
197

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Arteriosclerosis 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? yes

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

(Signed) W. E. Markland, M. D.

(Address) Independence 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.

