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

FEB 5 1936

Do not use this space.

1414

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 280

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 3646 Harrison St. Ward)

2. FULL NAME Maria Shoup

(a) Residence, No. 501 Gladstone Boulevard 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Shoup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1849

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
85	10	12	

OCCUPATION

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

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) Ohio

FATHER

13. NAME David Kollar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

MOTHER

15. MAIDEN NAME Amelia Van Buskirk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT J. E. Jennings (ADDRESS) 3646 Harrison

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt. Washington DATE Dec 19 1935

19. UNDERTAKER Stiles & McGuire (ADDRESS) 3235 Troost Blvd

20. FILED 1-19 1936 Mon Crowe as Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8/35, 19

22. I HEREBY CERTIFY, THAT I attended deceased from ..., 19..., 19..... I last saw ... alive on 3-30-19..... 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:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

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) ..., M. D.

(Address)

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.

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