

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

Do not use this space.

**JUN 20 1935**

**16080**

**1. PLACE OF DEATH**

County Franklin  
Township Central  
City U.S. Highway no 66 (No. ....)

Registration District No. 294  
Primary Registration District No. 5409B

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Stanton, Mo. 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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</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 <u>HUSBAND OF</u> (OR) WIFE OF <u>Walter Haupt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24, 1909</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
<u>26</u>		<u>2</u>	<u>16</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waiter</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>Canton, Ill.</u>				
FATHER	13. NAME <u>Len Shaw</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canton, Ill.</u>			
MOTHER	15. MAIDEN NAME <u>Eva Wilson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
17. INFORMANT <u>Mrs. John Woods</u> (ADDRESS) <u>7370 Elm Ave., Maplewood, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Canton Ill.</u> DATE <u>5/16</u> 19 <u>35</u>				
19. UNDERTAKER <u>J. J. Williams</u> (ADDRESS) <u>Sullivan, Mo.</u>				
20. FILED <u>May 16 1935</u> <u>W. D. ...</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ....., to ....., 19 .....

I last saw h..... alive on ..... 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:

Myocardial infarction  
hypertension  
arteriosclerosis

Other contributory causes of importance: .....

Name of operation .....

What test confirmed diagnosis? .....

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

Where did injury occur? .....

Manner of injury .....

Nature of injury .....

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

If so, specify .....

(Signed) E. D. Worthington Coroner, M. D.  
(Address) Labadie Mo.

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.

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**1. PLACE OF DEATH**

County Franklin  
Township Central  
City U.S. Highway (No. ....)

Registration District No. 294  
Primary Registration District No. 5409B

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME** Thelma Shaw Haupt

(a) Residence, No. Stanton Mo St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Haupt

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day (specify hrs. or min.)
	<u>26</u>	<u>2</u>	<u>16</u>	

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

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) Stanton Ill

FATHER 13. NAME Levi Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Ill

MOTHER 15. MAIDEN NAME Eva Wilson

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

17. INFORMANT Mrs John Woods  
(ADDRESS) 7370 Elm and maplewood mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATE

19. UNDERTAKER J. J. Williams  
(ADDRESS) Stanton Mo.

20. FILED May 29 1935 W. D. Deverment  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10<sup>th</sup> 1935

I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....  
I last saw him ..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:45 p.m.

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

as the result of a broken neck  
Head & body badly bruised. Date of onset

Other contributory causes of importance:  
Due to an auto accident on collision on  
U.S. Highway No. 66

Name of operation none Date of .....  
What test confirmed diagnosis hemorrhage Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? homicide Date of injury May 10, 1935  
Where did injury occur? U.S. Highway No. 66  
(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 Auto acc. (culpable negligence)

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) E. L. Worthington Coroner, M. D.  
(Address) Labadie 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.

APPROPRIATELY

S-16080