

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

Do not use this space.

19150

1. PLACE OF DEATH **CAPE GIRARDEAU**

County Cape
Township Apple Creek
City (No.) St. Ward)

Registration District No. 128
Primary Registration District No. 5176B

File No.
Registered No.

2. FULL NAME Glora K. Haupt

(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 F 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 Willie J Haupt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30-1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>5</u>	<u>35</u>	<u>2</u>	<u>28</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housekeeper
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) Sedgewickville (STATE OR COUNTRY) Mo

FATHER
13. NAME Joseph James

14. BIRTHPLACE (CITY OR TOWN) Sedgewickville (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Elizabeth Seabough

16. BIRTHPLACE (CITY OR TOWN) Sedgewickville (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Willie J Haupt
Box 121 Ben Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedgewickville DATE June 30, 1935

19. UNDERTAKER (ADDRESS) O'Grady & Meier
Poplar Mo

20. FILED 1011 10 1936 Kaune Grebe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1935, to June 28, 1934
I last saw him alive on June 25, 1934 Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis a

Other contributory causes of importance:

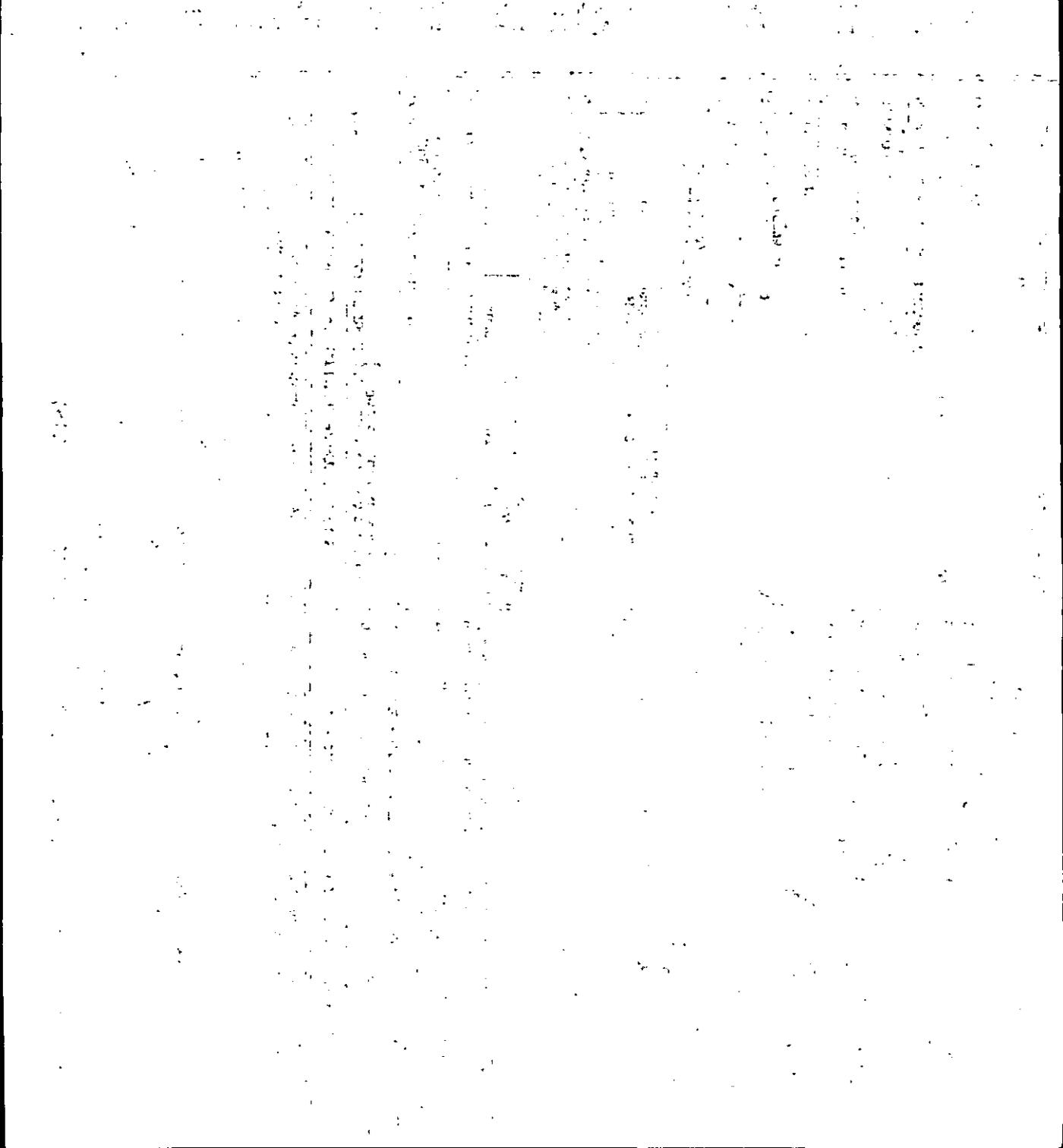
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) A. J. Marties M. D.
(Address) Oak Ridge 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.



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 128
Township Apple Creek Primary Registration District No. 5776B
City (No.) St. Ward

File No.
Registered No.

2. FULL NAME Flora K Haupt

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 2 28

....., 19....., to, 19.....
I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at

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

OCCUPATION
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)

Date of onset
peritonitis
unless it was due to
the Colitis. Causes could not
be ascertained.

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

Other contributory causes of importance:
colitis (ulcers)
was contributory to the
peritonitis possible.

13. NAME

Name of operation none Date of

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

What test confirmed diagnosis?

15. MAIDEN NAME

Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19.....
Where did injury occur?

17. INFORMANT (ADDRESS)

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury

19. UNDERTAKER (ADDRESS)

Nature of injury

20. FILED July, 10, 1935 Laura Deach Registrar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. J. Martin, M. D.
(Address) Cape Ridge mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 6 1965

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