

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.

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Benton Registration District No. 59 File No. 18499
Township Williams Primary Registration District No. 5094 Registered No. 12
City (No.) St. Ward

2. FULL NAME Edward Schupp

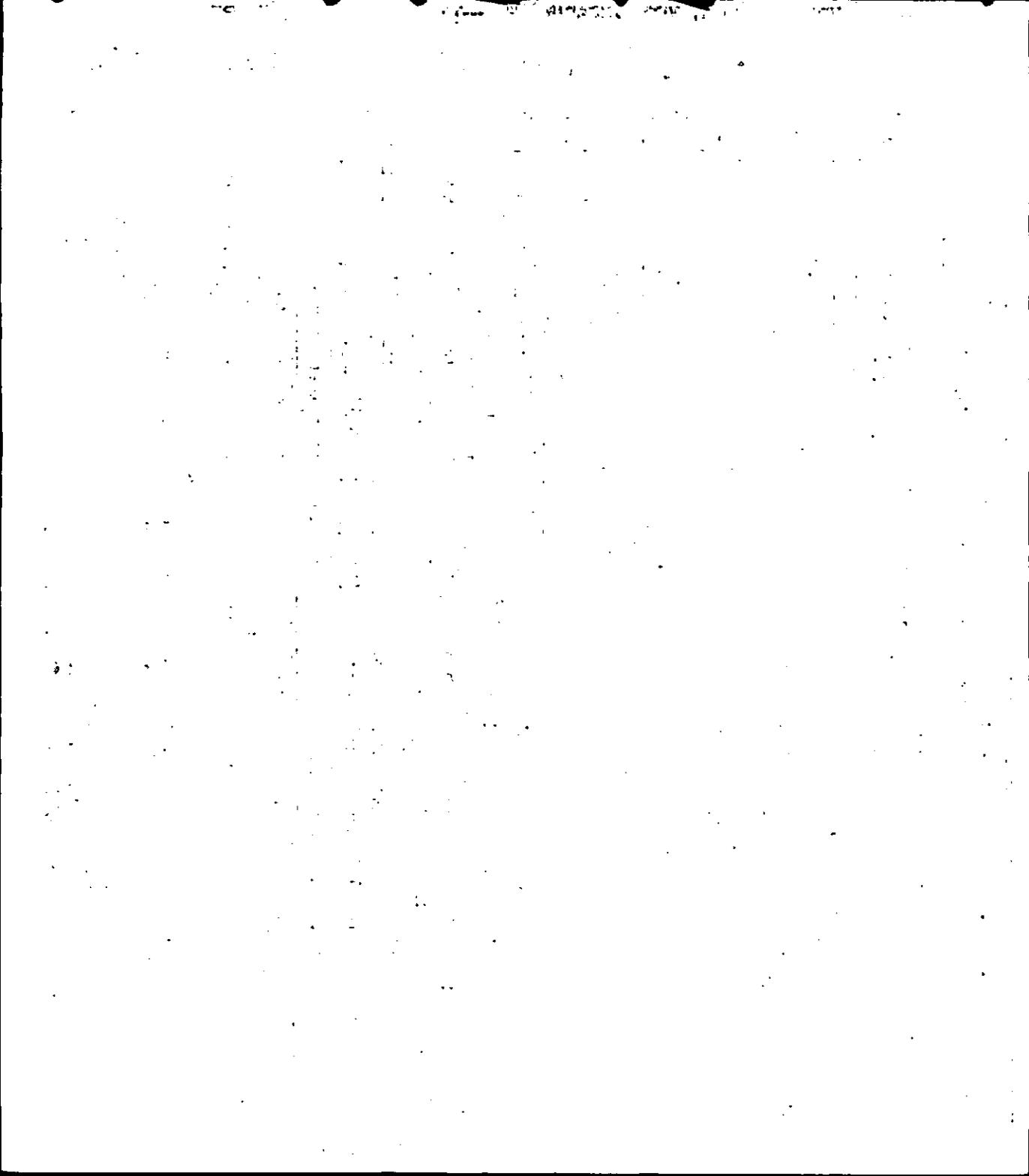
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---|---|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louisa Munsterman</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 22- 1867</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | <u>69</u> | <u>1</u> | <u>13</u> | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General Farmer</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) <u>Morgan Co. Mo.</u> (STATE OR COUNTRY) | | | | |
| MOTHER | 13. NAME <u>William Schupp</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) | | | |
| | 15. MAIDEN NAME <u>Mary Jost</u> | | | |
| 16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) | | | | |
| 17. INFORMANT <u>Ernest Schupp</u> (ADDRESS) <u>Stover, Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prymont Cem.</u> DATE <u>May 7th, 1936</u> | | | | |
| 19. UNDERTAKER <u>C. R. Rapp & Son</u> (ADDRESS) <u>Stover, Mo.</u> | | | | |
| 20. FILED <u>May 5th 1936</u> <u>Sue Selover</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

| |
|--|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 5th 1936</u> |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>January 20th, 1936</u> to <u>May 5th 1936</u> I last saw h. <u>im</u> alive on <u>May 5th 1936</u> Death is said to have occurred on the date stated above, at <u>3 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Liver and Transverse Colon</u> Date of onset |
| Other contributory causes of importance: |
| Name of operation <u>none</u> Date of |
| What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>NO</u> |
| 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury |
| 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) <u>Harry Day</u> , M. D. (Address) <u>Cole Camp, Mo.</u> |



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1. PLACE OF DEATH

County Benton Registration District No. 39 File No. _____
 Township Williams Primary Registration District No. 3094 Registered No. 12
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Edward Schupp
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 12 day, hrs. or mts. 69 1 13

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) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

19. UNDERTAKER (ADDRESS) _____

20. FILED May 5 1936 Sue Selover Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1936

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:

Carcinoma of Liver and transverse colon
Primary Liver

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. No

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Harry Bay, M. D.

(Address) Colk Camp 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.

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