

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

Do not use this space.

DEC 20 1936

41399

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kant Primary Registration District No. 1002 Registered No. _____
City Kansas City (No. SK Hughes Hospital) St. _____ Ward _____

2. FULL NAME

Medina Schupp
(a) Residence, No. 1920 E. 83rd Terr Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred About 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX He 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 John H Schupp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 24 - 1890

7. AGE YEARS 46 MONTHS 11 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Harrison Arkansas

13. NAME Sanford Scott

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

15. MAIDEN NAME Viola (Unknown)

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

17. INFORMANT (ADDRESS) John H Schupp 1920 E - 83rd Terr

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Merichl DATE Mar - 23 - 1936

19. UNDERTAKER (ADDRESS) Wm. W. Brown 3301 Woodland

20. FILED Nov 22, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1936 to Nov. 20, 1936

I last saw her alive on Nov. 20, 1936 Death is said to have occurred on the date stated above, at 7:45 PM.

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

Lobar Pneumonia Date of onset Nov 13, 1936

Other contributory causes of importance _____

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? No
If so, specify _____

(Signed) Kenneth C. Davis M. D.
(Address) 3301 Woodland
Kansas City, 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.

