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.

JUL 29 1937

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

Do not use this space.

23980

1. PLACE OF DEATH
County Jasper ~~Galena~~ 27
Township
City JOPLIN (No. Co. Line & Maiden Lane Ward)
Registration District No. 411
Primary Registration District No. 2002
File No.
Registered No.

2. FULL NAME Charles. Edward Cupp
(a) Residence, No. County Line & Maiden Lane 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 Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1937

7. AGE YEARS 0 MONTHS 2 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

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) Joplin, Mo.

FATHER
13. NAME Ed. Cupp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Maude McCartney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

17. INFORMANT (ADDRESS) Ed. Cupp Joplin, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fairview DATE 6/5/37, 19

19. UNDERTAKER (ADDRESS) Hurlbut Undertaking Co. Joplin, Mo.

20. FILED 6-8, 1937 Ed D Jarnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1937, to 6-5, 1937
I last saw him ~~alive on~~ dead June 5, 1937 Death is said to have occurred on the date stated above, at 6:31 m. 6/5/37
The principal cause of death and related causes of importance were as follows:

Heart Beach

Date of onset

Other contributory causes of importance:
Whooping Cough

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

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? ✓
(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) R. A. Winchester, Coroner, M. D.
(Address) Joplin, Mo.