

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

Do not use this space.

1583

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. _____

Township New

Primary Registration District No. _____

Registered No. 271

City Kansas City (No. K.C. Gen. Hosp)

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 24 E-3rd St St. _____ Ward. _____

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/30/1871

7. AGE YEARS 66 MONTHS 4 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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. Exposer
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) St. Louis

13. NAME Simpson Cupp

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

15. MAIDEN NAME Gerulla W. Navel

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

17. INFORMANT David Cupp, Bro (ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE 1/18-38

19. UNDERTAKER John B. Taylor (ADDRESS) _____

20. FILED Jan 18 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/38

22. I HEREBY CERTIFY, That I attended deceased from _____, 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:

Automobile Trauma
Anching injury of the Chest
Pneumonia

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? Y

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of Injury 12/26/38

Where did injury occur? 33rd & Pacific River (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by motor car

Nature of injury _____

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

If so, specify _____

(Signed) [Signature], M. D.

(Address) [Address]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be extremely supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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FEB 19 1937

BUREAU OF VETERINARY MEDICINE
MO. STATE BOARD OF HEALTH