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.

REC'D JUL 22 1938

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

Do not use this space.

22326

File No.
Registered No. 24

1. PLACE OF DEATH
County Linn
Township
City Marceline (No. St. Ward)
Registration District No. 502
Primary Registration District No. 4305

2. FULL NAME Josephine Hazel Cupp 100
(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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 — Lee Cupp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-19-1888

7. AGE: Years 49 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo

FATHER
13. NAME — Schoening
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Anna Schoening
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mr Lee Cupp
(ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE June 8 1938

19. UNDERTAKER Jas. McKaughlin
(ADDRESS) Marceline Mo

20. FILED 6/8 1938 Alice L Barrett Registrar.

~~MEDICAL~~ CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-6 - 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15 1938, to ~~June~~ June 6 1938
I last saw her alive on June 6 1938 Death is said to have occurred on the date stated above, at 8:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-5-38
8241	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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 no
(Signed) John W. Aiken M.D.
(Address) Marceline, Mo.

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