

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

AUG 24 1938

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Jefferson Registration District No. 420 File No. 25672  
Township Valle Primary Registration District No. 3022 Registered No. 56  
City Desoto mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Josephine Stoupe 361  
(n) Residence, No. 320 N. Seventeenth St. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter Stoupe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-17-1859</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>10</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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) (STATE OR COUNTRY) <u>Jefferson Co mo</u>		
FATHER	13. NAME <u>Willie H. Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co mo</u>	
MOTHER	15. MAIDEN NAME <u>Harriet Stephens</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
17. INFORMANT (ADDRESS) <u>Hester Johnson - Desoto - R.R. - 3 - mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>De Soto mo</u> DATE <u>July 27, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Mothershead Desoto - mo</u>		
20. FILED <u>8-2</u> 1938 <u>Genevieve Daniell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan-1, 1936 to July-25, 1938  
I last saw him alive on July-25, 1938 Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cancer Bladder not known Date of onset  
53 B-  
Other contributory causes of importance:  
Metast. regurgitation of heart not known

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 \_\_\_\_\_  
(Signed) Walter C. Gibson M. D.  
(Address) De Soto, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS showing state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

