

JUL 21 1936

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

Do not use this space.

22650

1. PLACE OF DEATH

County Henry
Township
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No.
St. Ward)

2. FULL NAME Lula Gaupp

(a) Residence, No. 900 N. 3rd St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Over 21

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky

13. NAME John Brown

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

15. MAIDEN NAME Wilhelmina Overinger

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

17. INFORMANT Tom Gaupp (ADDRESS) Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 6-29-36

19. UNDERTAKER Th. E. Wilkinson (ADDRESS) Clinton, Mo

20. FILED 6-29-36 J. B. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-36

22. I HEREBY CERTIFY, That I attended deceased from 6-17, 1936 to 6-27, 1936

I last saw her alive on 6-27, 1936. Death is said to have occurred on the date stated above, at 5 P.M.

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

Thyrotoxicosis
operation about 7 yrs ago
Chronic-vascular disease
Hypertension
Other contributory causes of importance:
Cerebral hemorrhage 6-27-36

Name of operation Thyroectomy Date of
What test confirmed diagnosis Plumbers as 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 W
Nature of injury W

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) E. E. Peeler M. D.
(Address) Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

