

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

Do not use this space.

39853

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Yelp Primary Registration District No. 5387
City CLINTON (No. _____) St. _____ Ward _____

2. FULL NAME Daniel Gaupp

(a) Residence, No. R7A6 CLINTON Mo St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1865
7. AGE YEARS 68 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Bellville (STATE OR COUNTRY) Ill

13. NAME ADAM Gaupp

14. BIRTHPLACE (CITY OR TOWN) Gasconade Co (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Kathryn Odonell

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) _____

17. INFORMANT Thomas Gaupp (ADDRESS) CLINTON Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12-16 3

19. UNDERTAKER Fred Wilkerson (ADDRESS) CLINTON Mo

20. FILED 12-15 1933 Mo. A. A. Loy Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Dec 14 1933.
I last saw him alive on Dec 17 1933 Death is said to have occurred on the date stated above, at 9: P. m.

The principal cause of death and related causes of importance were as follows:
Acute Interstitial Nephritis
12/15
150
Other contributory causes of importance: Leakage of Heart
Date of onset _____

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

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? _____
If so, specify no
(Signed) J. R. Appleton, M. D.
(Address) Clinton Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 26 1934

