

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

Do not use this space.

JAN 18 1937

43700

1. PLACE OF DEATH
County Audrain Registration District No. 912
Township Curve Primary Registration District No. 6232A
City (No. _____) St. _____ Ward _____
2. FULL NAME Hannie Shoup
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

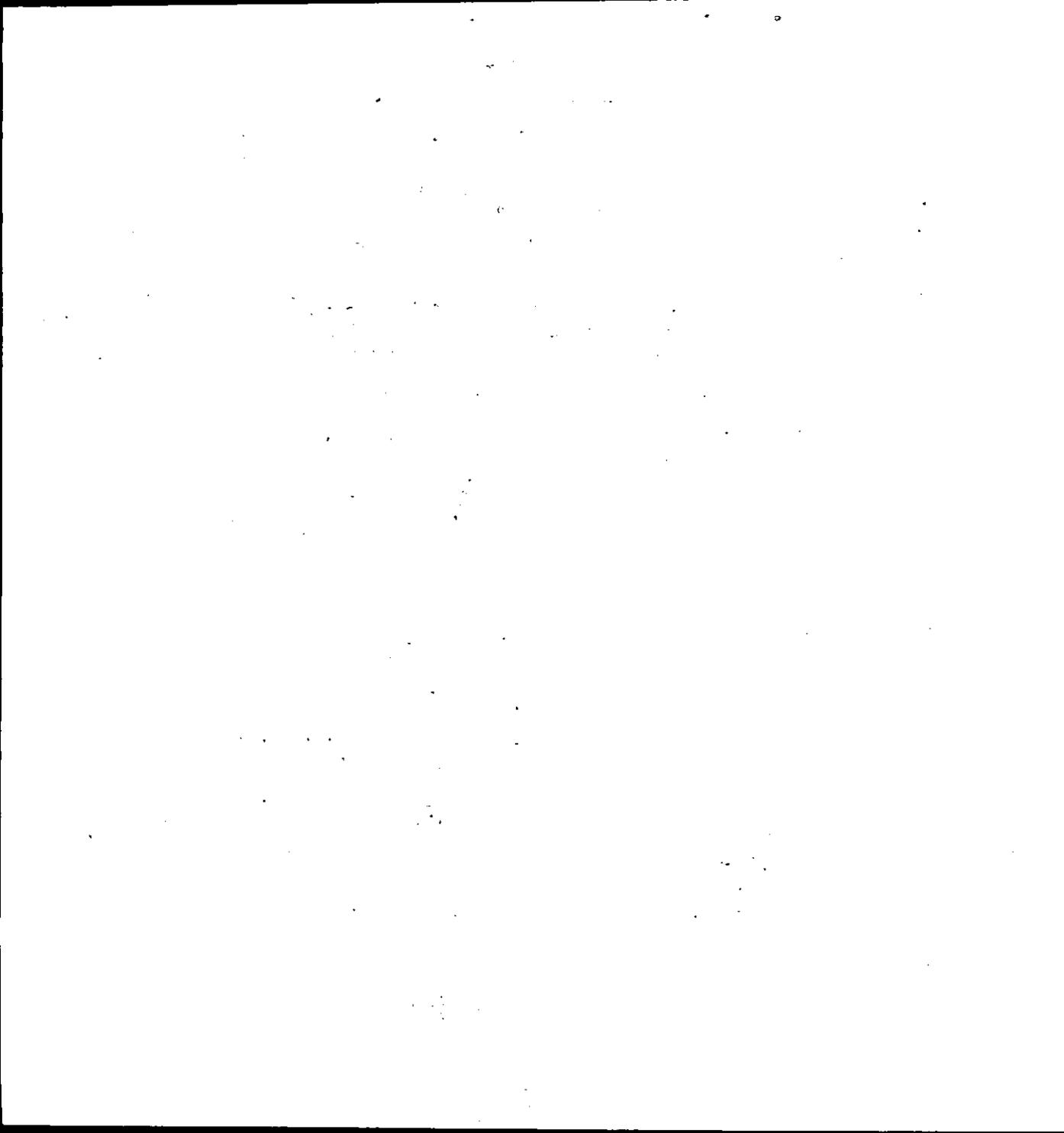
PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED (or) WIFE OF H. C. Shoup
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 - 1862
7. AGE YEARS 73 MONTHS 11 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
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) Jan 1936 11. Total time (years) spent in this occupation 46 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Catskill
13. NAME H. P. Eckler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Annie M. Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Mr. H. C. Shoup
Madison, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Edwards' Home DATE Dec 21 1936
19. UNDERTAKER (ADDRESS) H. H. Sproul
Madison, Mo.
20. FILED 12/21 1936 Carrie F. Whitbeck
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1936
22. I HEREBY CERTIFY, That I attended deceased from May 1936, to Dec 20 1936
I last saw him alive on Dec 20 1936. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:
Permeous anemia Date of onset 1936
Other contributory causes of importance:
Fractured hip 1936
Name of operation _____ Date of _____
What test confirmed diagnosis? Blood Was there an autopsy? No
23. If death was due to external causes (accident, fall in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (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) W. H. McLead _____, M. D.
(Address) Edwards' Home _____

N. B.—Every item of information should be carefully rechecked. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



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1. PLACE OF DEATH

County Andrain

Registration District No. 917

File No. _____

Township Curve

Primary Registration District No. 6232A

Registered No. 36

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

Fannie Shoup

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 73 11 21

pernicious Anemia Date of onset _____

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: fractured hip May 1936

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

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

13. NAME

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

15. MAIDEN NAME

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

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 21, 1936

Where did injury occur? At home, Andrain Co. Mo. (Specify city or town, county, and State)

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

17. INFORMANT (ADDRESS)

Manner of injury At home
Nature of injury she fell in yard
Fracture neck of femur

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

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

If so, specify _____

19. UNDERTAKER (ADDRESS)

(Signed) W. H. McCall _____, M. D.

20. FILED 12/21 1936 Curve 2. Tuttleback Registrar.

(Address) Ladsonia Mo

2/00/37

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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