

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

Do not use this space.

40727

**1. PLACE OF DEATH**

County Moniteau Registration District No. 871  
 Township Winkler Primary Registration District No. 4335  
 City California (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. ~~10785~~  
 Registered No. 52

**2. FULL NAME**

Mrs. Mary Barbara Whitman Schlup  
 (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**

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 Sam Schlup  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22, 1854  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 11 18

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Missouri

MOTHER FATHER 13. NAME John Whitman

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

15. MAIDEN NAME Elizabeth Baker

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

17. INFORMANT Mrs. J. H. Beville  
 (ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE 12-12 1932

19. UNDERTAKER G. M. Wilson  
 (ADDRESS) \_\_\_\_\_

20. FILED Dec 9 1932 G. M. Roach  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1932 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1932, to Dec 9 1932.  
 I last saw h. alive on Dec 9 - 1932 Death is said to have occurred on the date stated above, at 6:10 P.M.  
 The principal cause of death and related causes of importance were as follows:

Arterio sclerosis  
Angina Pectoris  
Arteriosclerosis  
 Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932  
 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 \_\_\_\_\_  
 (Signed) L. M. Gray, M. D.  
 (Address) \_\_\_\_\_

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

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.

44 27 1932

