

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

Do not use this space.

18815

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis Mo. (No. 5622)

Arsenal St.

File No.....

Registered No.....

St.

Ward

2. FULL NAME

Lulu Harper

(a) Residence. No. 1506 So. 8th St., 23 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 7 da.

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)

Single

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

Single

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

April 26 - 1919

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

9

0

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

10. NAME OF FATHER

Benjamin F. Harper

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mississippi

12. MAIDEN NAME OF MOTHER

Cassace Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

14.

INFORMANT

(Address)

Ben F. Harper

1506 S. 8th St.

15.

FILED

19

May C. Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

5/11 1928

17.

I HEREBY CERTIFY That I attended deceased from

5/7, 1928, to 5/11, 1928

that I last saw him alive on 5/11, 1928, and that death occurred, on the date stated above, at 9:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Simple Meningitis
(Pneumococci)
(duration) _____ yrs. _____ mos. 4 da.

CONTRIBUTORY (SECONDARY)

None (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1506 S. 8th St.

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

M. D.

5/11, 1928. (Address)

ROSELAND HOSPITAL

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Roland Ark

May 12 1928

20. UNDERTAKER

ADDRESS

A. M. McLaughlin

1631 Mo Ave

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.

