AUG 21 1928

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

Do not use this space.

23079

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 885

City St. Joseph (No. 6308 Belding St. Ward)

2. FULL NAME Samuel Jackson Harper,

(a) Residence. No. 6308 Belding, St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 9, 1836

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
92	1	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer, 131 82A

(b) General nature of industry, business, or establishment in which employed (or employer): 97

(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Memphis, Tennessee,

PARENTS

10. NAME OF FATHER: Richard Harper,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

12. MAIDEN NAME OF MOTHER: Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

14. INFORMANT: J. L. Reynolds (Address) 6308 Belding Street,

15. FILED 1928 19 John G. Utz REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 21, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to July 20, 1928, that I last saw ~~hence~~ alive on July 20, 1928, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis and Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Apoplexy

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) William A. Robertson, M. D

July 21, 1928 (Address) St. Joseph Mo

*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: Halleck, Mo. Cemetery

DATE OF BURIAL: July 22 1928

20. UNDERTAKER: Heston-Bebel & Bowman

ADDRESS: 319 S. 10 St.

by J. S. Kane Funeral Home

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.