

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.

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

Do not use this space.

24714

1. PLACE OF DEATH  
 County Pettis Co Registration District No. 668  
 Township Flat Creek Primary Registration District No. 5891  
 City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Andrew W Harpstrite  
 (a) Residence, No. Route 1 Moa St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Husband of Mary Harpstrite  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13 - 1867  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 | 11 | 12 | \_\_\_\_\_  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Dirt Farmer  
 (c) Name of employer Himself  
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeCATUR Ill  
 10. NAME OF FATHER Charles Harpstrite  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sherman  
 12. MAIDEN NAME OF MOTHER Cabrine Vogelbach  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sherman  
 14. INFORMANT (Address) Mr. A. W. Harpstrite Moa Mo  
 15. FILED 7-31-28 1928 J. J. Love REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1928  
 17. I HEREBY CERTIFY That I attended deceased from July 25 1928 to July 25 1928  
 that I last saw him alive on July 24 1928 and that death occurred on the date stated above, at 11:30 m.  
 THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebral apoplexia  
 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 symptoms  
 (Signed) Dr. Carl Bohling, M.D.  
July 25 1928 (Address) Bedalia 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 Calvary Hill DATE OF BURIAL 7-27-1928  
 20. UNDERTAKER McLaughlin Bros. ADDRESS Bedalia Mo.

*Dr Bohling*  
120 W. 5

