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

Do not use this space.

30443

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. 2325 Cypress St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Nettie Dolly Harper
(a) Residence. No. 2325 Cypress St., 12 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 Fe.
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 William T. Harper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 1886

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
42	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marion
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Rudolph Hungiker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Emey Earls
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marion
(STATE OR COUNTRY) Missouri

14. INFORMANT William T Harper
(Address) 2325 Cypress

15. FILED 9/6, 1928 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1928, to Sept 4, 1928, that I last saw her alive on Sept 4, 1928, and that death occurred, on the date stated above, at 3.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus (Cancer)
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) 16
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examination & History Reduction
(Signed) J. D. Hayward, M. D
Sept 5, 1928 (Address) K C Kansas

*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 Memorial Park K.C.K.
DATE OF BURIAL Sept 7 1928

20. UNDERTAKER Rose & Henderson
ADDRESS 15th Jackson

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.

Dr Hayward.
1313 Quindaro Blvd.
K.C. Ks.