

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

Do not use this space.

12211

35
MAY 23 1930

1. PLACE OF DEATH

County Franklin Registration District No. 288
Township Independence Primary Registration District No. 4772
City (No. 612) St. Mo. Ward

File No.

Registered No.

2. FULL NAME

William Harrison Napper

(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 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 Annie Burgess Napper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21 1854

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
76 3

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER George Napper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dart
(STATE OR COUNTRY) Kuon
12. MAIDEN NAME OF MOTHER Dart Kuon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dart
(STATE OR COUNTRY) Kuon

14. INFORMANT J. J. Douglas
(Address) Kennett Mo

15. FILED 4/30 1930 Thuler Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** April 24 1930

17. I HEREBY CERTIFY, That I attended deceased from April 21 1930 to April 24 1930 that I last saw him alive on April 25 1930 and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Valvular heart disease (sclerosis)
92A
38 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED Cape Girardeau Mo
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Jan H Bond
(Signed) Jan H Bond, M. D.
, 19 (Address) Homerille Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marsh DATE OF BURIAL 4/25 1930

20. UNDERTAKER Baldwin Turn Co ADDRESS Kennett Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated in FULL. PHYSICIANS Missouri State

