

OCT 28 1930

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

Do not use this space.

29683

1. PLACE OF DEATH

County Greene Registration District No. 325
Township Walnut Grove Primary Registration District No. 5-457
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Levi Kaziah Harp

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martin S Harp</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov-21-1868</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>9</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

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

PARENTS	10. NAME OF FATHER <u>Melvin Rowan</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Coley</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Claude Harp
(Address) Walnut Grove

15. FILED 9-6, 1930 L E McBlane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept - 4 1930
17. I HEREBY CERTIFY, That I attended deceased from July 24, 1930, to Sept 4, 1930, that I last saw him alive on Sept 4, 1930, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pelvic Abscess.
139B
121B (duration) yrs. mos. 20 ds.
CONTRIBUTORY (SECONDARY) pelvic infection
Shingles from appendix (duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? physical
(Signed) L. B. Smith, M. D.
9-5, 1930 (Address) Walnut Grove 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 Breedlawn Cemetery DATE OF BURIAL 9-6 1930

20. UNDERTAKER Brian Diverse ADDRESS Walnut Grove

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.

