

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 3733 Lindell Blvd)..... St. 9693 (Ward)

34340

2. FULL NAME William F Harper

(a) Residence. No. 3733 Lindell Blvd 19 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10th 1930

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

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930 to Oct 6, 1930 that I last saw him alive on Oct 6, 1930, and that death occurred, on the date stated above, at 10:30 P.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7th 1880

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
50 5 3 1 hrs.

Carcinoma Transverse Colon

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer) Stocks + Bonds
 (c) Name of employer Retired

11/2
11/2
 (duration) yrs. 6 mos. da.
 CONTRIBUTORY Arteriosclerosis + Cirrhosis
 (SECONDARY) (duration) yrs. 6 mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harpers Ferry Iowa

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

10. NAME OF FATHER James Harper

1 DID AN OPERATION PRECEDE DEATH. yes DATE OF May 15, 1930

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

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS? Pathologic examinat
 (Signed) W E Lightner, M. D.

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

10/10, 1930 (Address) 801 Braumont Bldg.

*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.

14. INFORMANT (Address) Mrs Leone Harper
3733 Lindell Blvd.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrens, Ill DATE OF BURIAL Oct 11th 1930

15. FILED May 6 Stark off REGISTRAR

20. UNDERTAKER C. R. Lupton ADDRESS 7449 Olive St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if very simple.

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