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

Do not use this space.

9383

File No.
Registered No.

1. PLACE OF DEATH
County: Dunklin
Township: Holcomb
City: ~~Holcomb~~ (No. , St. Ward)

Registration District No. 284
Primary Registration District No. 5404

2. FULL NAME: Marcus Wakefield 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~~: Nanny Napper

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 27 1852

7. AGE: Years 78 | Months 9 | Days 16 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nelson Co. Kentucky 2

PARENTS
10. NAME OF FATHER: Geo. Napper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Nancy Curts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Clonene Napper
(Address): Holcomb Mo.

15. FILED 5-10 1931 J. A. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 12 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to March 12, 1931 that I last saw h. alive on March 13, 1931; and that death occurred, on the date stated above, at 7.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis Agitans (duration) 3 yrs. mos. ds.

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

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? None
(Signed) M. L. Cone, M. D
, 19 (Address) Campbell 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: Oak Grove Cemetery — DATE OF BURIAL: 3-14-1931
20. UNDERTAKER: Mc Daniel Furn Co — ADDRESS: Senath Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 28 1931