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.

OCT 29 1931

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

Do not use this space.

33394

File No.

Registered No. 16

1. PLACE OF DEATH

County Texas — Registration District No. 1088

Township Upton — Primary Registration District No. 6148

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Dorotha Myree Harper

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1924

7. AGE: Years 7 — Months 5 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo

FATHER

13. NAME Jones Rass Harper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo.

MOTHER

15. MAIDEN NAME Eva Frances Pittman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo

17. INFORMANT J. R. Harper
(ADDRESS) Success Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland DATE Sept 12, 1931

19. UNDERTAKER None
(ADDRESS)

20. FILED Sept 12, 1931 Mabel Shackelford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1931, to Sept. 11th, 1931

I last saw her alive on Sept. 11th, 1931. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diptheria.	9-6
10	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. B. Lilley, M. D.

(Address) Plato, Mo.