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.

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

Do not use this space.

35657

1. PLACE OF DEATH

County St. Louis, Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B Registered No. 390

City Jefferson Barracks, Mo. U.S. Veterans Hospital. St. Ward)

2. FULL NAME HARPER, Rufus L.

(a) Residence, No. R.#3, Campbell, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
36	36	0	23	

OCCUPATION

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

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) Sept. 1930

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell, Missouri

FATHER

13. NAME James L. Harper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Martha E. Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director, USVH. Jefferson Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Mo DATE Oct 28, 1931

19. UNDERTAKER (ADDRESS) C. Happmeister U & L Co 7814 So Broadway

20. FILED Oct. 24, 1931 L. C. Obrocki Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1931, to Oct. 22, 1931

I last saw him alive on Oct. 22, 1931 Death is said to have occurred on the date stated above, at 7:15 Pm.

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

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced, active.	Unk.
23A	
25 23	

Other contributory causes of importance:

Tubercular peritonitis.	Unk.

Name of operation Excision of fistula, abdominal Date of 1-26-31

What test confirmed diagnosis? Physical examination, clinical symptoms, x-ray and laboratory findings. Was there an autopsy? No.

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) W. C. GIBSON, M.D., Med. Officer

(Address) USVHosp. Jefferson Barracks, Mo.