

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

Do not use this space.

25948

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Campbell Primary Registration District No. 2001
 City Springfield No. 614 St. Benton Ward _____

2. FULL NAME

(a) Residence, No. 614 Benton 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>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ada Harper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 - 1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>7</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ball Player</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>220</u>	
	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)	<u>MO</u> <u>1</u>	
FATHER	13. NAME <u>James Harper</u> <u>0</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u> <u>2</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u> <u>31</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>31</u>	
17. INFORMANT (ADDRESS)	<u>Losie Harper</u> <u>614 Benton</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Paula Kay</u> DATE <u>Aug 24, 1932</u>	
19. UNDERTAKER (ADDRESS)	<u>H. C. Campbell</u> <u>869 Wash Ave</u>	
20. FILED	<u>8 - 24 - 1932</u> <u>Ralph Langston</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1932, to Aug 23 1932.
 I last saw him alive on Aug 23 1932. Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:
Epilepsy (1)
Cerebral hemorrhage
 Other contributory causes of importance:
Old stroke

Name of operation None Date of _____
 What test confirmed diagnosis Cerebral 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? no
 If so, specify _____
 (Signed) W. T. Edmundson, M. D.
 (Address) 318 1/2 Colby
Springfield 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.

Dr. M. T. Edmundson, SEP 22 1932

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