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

Do not use this space.

28527

File No. 887

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, Mo. (No. 1210 Grand Ave., St. Ward)

2. FULL NAME: James M Harper

(a) Residence, No. 1210 Grand Ave., 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.

OCT 24 1932

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.

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: Pinkie Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 11 1851

7. AGE — YEARS: 81 — MONTHS: 0 — DAYS: 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Rock Beach County Virginia

FATHER

13. NAME: Andrew Harper

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

MOTHER

15. MAIDEN NAME: Mary Jane Armstrong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia

17. INFORMANT (ADDRESS): Mrs. Pinkie Harper, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt Moria — DATE: Sept 17, 1932

19. UNDERTAKER (ADDRESS): Eleeman Funeral Home, St. Joseph Mo.

20. FILED: SEP 16 1932 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932, to Sept 12, 1932. Last saw him alive on Sept 12, 1932. Death is said to have occurred on the date stated above, at 8:40 p.m.

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

	Date of onset
Chr. Myocarditis	?
121	
8 yr	
15	
1932	
Other contributory causes of importance:	
Chr. Nephr.	
Hypertension	

Name of operation: None — Date of:

What test confirmed diagnosis? — 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) Henry Handegan M. D.

(Address) Hospital Bldg