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.

JAN 23 1933

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

Do not use this space.

35478

1. PLACE OF DEATH

41

County Harrison — Registration District No. 341 — File No.

Township Grant — Primary Registration District No. 5477 — Registered No. 20

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

2. FULL NAME Mary Elizabeth Harper

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1, 1842

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
90	10	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Canton, Ill. 2
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Nelson Ball

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown 31
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Polly Fouts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Frank E. Harper
(Address) Ridgeway, Mo.

15. FILED 11/27, 1932 Lottie Brewer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 1932

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to Nov 26, 1932 that I last saw her alive on Oct 10, 1932, and that death occurred, on the date stated above, at 8:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

82 a

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam

(Signed) Lottie Brewer, M. D.

11/26, 1932 (Address) Ridgeway, 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 Lawn Cemetery Camsville Mo — DATE OF BURIAL 11/27 1932

20. UNDERTAKER O. P. Kagan Town — ADDRESS Ridgeway Mo.