

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.

35812

1. PLACE OF DEATH

County *Jackson*Registration District No. *399*Township *East*Primary Registration District No. *1007*City *Boonville City*(No. *551 Lydick Ave.*)

File No.

Registered No. *4320*

St.

Ward)

2. FULL NAME *George Harper*(a) Residence, No. *551 Lydick*St. *7*

Ward.

Length of residence in city or town where death occurred *6* yrs. mos. ds.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (*write the word*)
married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF*Marguerite Harper.*

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

June 2 - 1879

7. AGE

53

YEARS

MONTHS

DAYS

If LESS than 1
day,hra.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Common Laborer.*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*237*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)*Richmond, Va. 2*

FATHER

13. NAME

*George Harper*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*unknown*

MOTHER

15. MAIDEN NAME

*unknown*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*unknown*17. INFORMANT
(ADDRESS)*Marguerite Harper
551 Lydick Ave.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Blue Bridge* DATE *Nov. 19* 1932

19. UNDERTAKER

Adkins Bros.(ADDRESS) *2000 E. 12 St.*

20. FILED

*Nov. 18, 1932 - M. M. Grove**Act. Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 8* 1932

22. I HEREBY CERTIFY, That I attended deceased from

11-4-1932 to *11-8-1932*I last saw him alive on *11-8-1932* Death is saidto have occurred on the date stated above, at *2309m.*

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

*7 1/2 months of right
side*Date of onset
*11-4-32**87A 82A
47D*

Other contributory causes of importance:

apoplexy - ①

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

What test confirmed diagnosis? *none* 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. A. Love* M. D.(Address) *1820-1-3rd St. K.E.A.*

