

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

Do not use this space.

8300

1. PLACE OF DEATH

1933
107 County Vermon
6 Township
1 City Walker (No.)

Registration District No. 880
Primary Registration District No. 4593

File No.
Registered No. 2 St. Ward)

2. FULL NAME Harriet Elizabeth Reaper

(a) Residence, No. 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 Female 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 Albark S. Reaper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1962

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 4 16

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

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) Jan 26 - 33 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

FATHER 13. NAME William Houtkins

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

MOTHER 15. MAIDEN NAME Adeline Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT A S Reaper (ADDRESS) Walker mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm Vermon Cem. DATE Feb 19 1933

19. UNDERTAKER Harmon (ADDRESS) Walker mo

20. FILED 2/19 1933 A B Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to Feb 17, 1933
I last saw her alive on Feb 16, 1933. Death is said to have occurred on the date stated above, at 5:10 a.m.

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

Apoplexy of Brain Date of onset 1-26-33

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy?.....

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) A B Davis, M. D.
(Address) Walker 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.

RESERVED FOR BINDING

