

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

Do not use this space.

30854

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
 Township Carondelet Primary Registration District No. 6248B Registered No. 913
 City Jefferson Barracks (No. Veterans, Administration Facility) St. _____ Ward _____

2. FULL NAME Wade Harper

(a) Residence, No. 5578a Clemmens Ave., St. _____ Ward St. Louis, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. OWN 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9, 1866</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>6</u>
		<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>		
10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u>		
11. Total time (years) spent in this occupation. <u>Unav.</u>		
12. BIRTHPLACE (CITY OR TOWN) <u>Columbus, Mississippi (??)</u> (STATE OR COUNTRY)		
13. NAME <u>Daniel Harper</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Unavailable</u> (STATE OR COUNTRY) <u>Unavailable</u>		
15. MAIDEN NAME <u>Unavailable</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Unavailable</u> (STATE OR COUNTRY) <u>Unavailable</u>		
17. INFORMANT <u>C. H. SMITH, M. D., Clinical Director,</u> (ADDRESS) <u>Vet. Adm. Facility, Jeff. Brks., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cemetery</u> DATE <u>Oct. 3, 1933</u>		
19. UNDERTAKER <u>Charles J. Bates</u> (ADDRESS) <u>4107 Finney Avenue</u>		
20. FILED <u>Ref 1 33</u> <u>L. C. Abroy, M. D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933 to Sept. 29, 1933
 I last saw him alive on Sept. 29, 1933 Death is said to have occurred on the date stated above, at 3:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis, chronic
 Date of onset _____

Other contributory causes of importance:
Valvular Heart Disease, Aortic insufficiency

Name of operation None Date of _____
 Clinical, physical, x-ray & _____
 What test confirmed diagnosis? AB. findings 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 W. CLIFTON, M. D.
 (Signed) W. Clifton M. D.
 (Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

001-51033

OCCUPATION
FATHER
MOTHER

