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 8 1933

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

Do not use this space.

36688

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township 11 Kaw — Primary Registration District No. 1002 — Registered No. 4611
City (No. 1208 1/2 E 12th St. Ward)

2. FULL NAME Nancy Harper
(a) Residence, No. 1208 1/2 E 12th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Gertrude Harper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 9 1878
7. AGE: YEARS 54 — MONTHS 11 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): Sept 33
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

FATHER
13. NAME: Daniel Harper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Laura Klingman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Gertrude Harper 1208 1/2 E 12 [illegible]
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Hill Cem DATE: Mar 25 1933
19. UNDERTAKER (ADDRESS): [illegible]
20. FILED: 11-24 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/22/33 19
22. I HEREBY CERTIFY: That I attended deceased from Sept 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7 50 m.
The principal cause of death and related causes of importance were as follows:
Chronic pulmonary tuberculosis. Chronic myocarditis
Date of onset
23A
Other contributory causes of importance:
Name of operation: no — Date of
What test confirmed diagnosis: Autopsy — Was there an autopsy: yes
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) [signature] M. D.
(Address)