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.

MAR 24 1934

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

Do not use this space.

4995

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. —
Township Kaw — Primary Registration District No. 1002 — Registered No. 720
City Kansas City (No. 3223 East 41st St. Ward)

2. FULL NAME Mrs. L. Maude Harper
(a) Residence, No. 3223 East 41st 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: B. W. Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 10, 1869

7. AGE: Years 64 — Months 4 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

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

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

FATHER
13. NAME: Charles B. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Matilda A. Manning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Sam P. Jones, 611 West 61st Street

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Ottawa, Kans. DATE 2-15-1934

19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Plaza

20. FILED 2/14 1934 M. M. Crowe Assn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13th 8:30 A.M. 1934, to Feb 13th 5:30 P.M., 1934
I last saw her alive on Feb 13, 1934. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 2-13-34

94B

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy. 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? No
If so, specify .....
(Signed) C. L. Gilles M. D.
(Address) 1032 Prof Bd KC Mo.

No 4525