

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

Sleby.

1. PLACE OF DEATH

County Barren

Registration District No. 318

File No. _____

Township _____

Primary Registration District No. 700

Registered No. 200

City Springfield

(No. 657 East Loren)

St. _____ Ward _____

2. FULL NAME

Luciel Harper

(a) Residence, No. 657 E Loren St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Martin F Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
83 9 14

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

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) Lebanon mo

13. NAME Franklin Coffey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

15. MAIDEN NAME Maranda Chambers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Tennessee

17. INFORMANT (ADDRESS) Mrs Frank Hood 657 Loren St

18. BURIAL, CREMATION, OR REMOVAL PLACE Louison Hall DATE 5/25 1934

19. UNDERTAKER (ADDRESS) Fred C. Kreime Springfield, mo

20. FILED 5/30 1934 Alph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 23, 1934. I last saw her alive on May 20, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Senility
162

Date of onset

Other contributory causes of importance:

None

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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) D. B. Sleby, M. D.

(Address) Springfield 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.
JUN 21 1934
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