

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

Do not use this space.

JUL 17 1934

1. PLACE OF DEATH

County Quincy
Township Lead
City Kennett Mo. (No. 10)

Registration District No. 288
Primary Registration District No. 0402

File No. 20004
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Harper</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 27 1869</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>3</u>	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>			
	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) <u>Ky</u>				
FATHER	13. NAME <u>Blain Harper</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
MOTHER	15. MAIDEN NAME <u>Sallie Shepard</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
17. INFORMANT <u>W. R. Harper</u> (ADDRESS) <u>Kennett Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harper</u> DATE <u>June 21 1934</u>				
19. UNDERTAKER <u>Leith Ward</u> (ADDRESS) <u>Kennett Mo.</u>				
20. FILED <u>June 21 1934</u> <u>Thelma Davis</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-20-34 1934 to 6-20-34 1934
I last saw him alive on 6-20-34 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
et cerebral hemorrhage (Date of onset)

Other contributory causes of importance:
Hypertension, malignant

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. H. Kerin M. D.
(Address) Kennett 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.

