

SEP 18 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County AdairRegistration District No. 4-48 900File No. 22986-ATownship UnionPrimary Registration District No. 26-8Registered No. 31

City

(No. )

St.

Ward)

## 2. FULL NAME

Hanna Elizabeth Raper

(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

W

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OF  
(OR) WIFE OFSamuel Raper

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 20 1852

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.8244

## OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

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)

Laclede Co Mo.

## 13. NAME

John Lorraine

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa

## 15. MAIDEN NAME

Katherine Clinckenbear

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa

## 17. INFORMANT (ADDRESS)

John Raper  
Raper Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Raper

DATE

6/25 1934

## 19. UNDERTAKER (ADDRESS)

W. E. Holman  
Lebanon Mo

## 20. FILED

9-101934 - Geo Montgomery

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

, 19

## 22. I HEREBY CERTIFY, That I attended deceased from

10-21-, 1933, to6-23-, 1934I last saw hm alive on 5-12-, 1934. Death is saidto have occurred on the date stated above, at 6 a. m.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Chronic Valvular Heart Disease

Name of operation

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

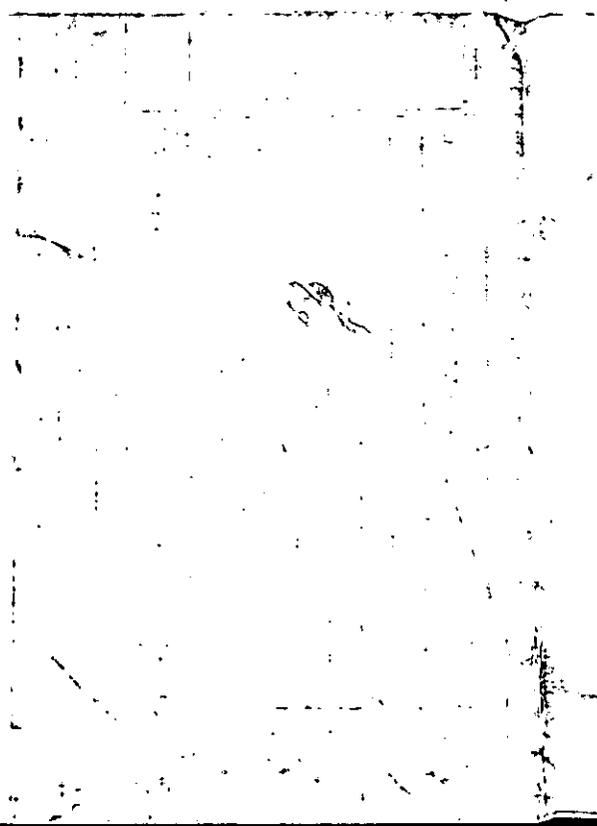
If so, specify

(Signed) G. E. Burage, M. D.

(Address)

Conway 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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Webster  
Township Union  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 900  
Primary Registration District No. 6208

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

Hanna Elizabeth Raper

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Raper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 20 1852</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>4</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
9. Industry or business in which work was done, as silversmith, 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>Laclede County Mo</u>		
13. NAME <u>John Raper</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Mo</u>		
15. MAIDEN NAME <u>Katherine Chapman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Mo</u>		
17. INFORMANT (ADDRESS) <u>John Raper</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Raper</u> DATE <u>6 25</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>W. E. Halman</u>		
20. FILED <u>Nov 9 1934</u> <u>H. A. Williams</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 - 1934  
22. I HEREBY CERTIFY, That I attended deceased from 10/21 1933 to 6/23 1934  
I last saw her alive on 12/12 1931 Death is said to have occurred on the date stated above, at 5 a. m.  
The principal cause of death and related causes of importance were as follows:

Cholera  
13!  
Other contributory causes of importance:  
the Valentin heart disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

**SUPPLEMENTARY**

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-22986-A