

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

Do not use this space.

NOV 15 1934

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1. PLACE OF DEATH

County Newton
 Township
 City Neesho (No. St. Ward)

Registration District No. 609
 Primary Registration District No. 4363

File No.
 Registered No.

2. FULL NAME

Joshua Melvin Harper
 (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ann Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 10 23

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

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) Illinois

13. NAME John Harper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pomeroy, Ohio

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Wm Harper Neesho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Subsion City DATE Oct 30 1934

19. UNDERTAKER (ADDRESS) Neesho Mo

20. FILED 10-29 1934 Dr E.M. Roseberry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934 to Oct 29 1934

I last saw him alive on Oct 21 1934 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:

Valvular heart disease
92%
 Date of onset about 4 yrs

Other contributory causes of importance:

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) E. M. Roseberry, M. D.

(Address) Neesho 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.

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