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.

OCT 22 1935

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

Do not use this space.

26673

1. PLACE OF DEATH
County Jackson — Registration District No. 195 — File No. [illegible]
Township Kaw — Primary Registration District No. 1007 — Registered No. [illegible]
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME John M. Harper
(a) Residence, No. 7004 The Paseo St., Ward. (If nonresident, give city or town and State)
(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.

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: Leona Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 27, 1872

7. AGE: YEARS 62 — MONTHS 10 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

2 11

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

2 31 18

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

FATHER
13. NAME: Edward Harper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

MOTHER
15. MAIDEN NAME: Martha Hamberger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): John M. Harper Jr. 5413 The Paseo

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE: Mt. Moriah Cemetery, R.C. Mo DATE: Aug. 31, 1935

19. UNDERTAKER (ADDRESS): Steve + McClure 3235 Gillham Plaza

20. FILED: 9/2 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1935, to August 30, 1935
I last saw him alive on August 30, 1935. Death is said to have occurred on the date stated above, at P. m. 6:25
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	Aug 16 1935
96	

Other contributory causes of importance:

Aneurysm of the Aorta	Nov 1933

Name of operation: none — Date of: —
What test confirmed diagnosis? X. Ray 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? no
If so, specify —
(Signed) Graham Asher, M. D.
(Address) 820 Professional Bldg

Bi[illegible] About [illegible]
Yi 1198 1 O'Clock

Lo. 5 722
[illegible]