

APR 23 1936

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

Do not use this space.

10642

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K. C. Mo. (No. Trinity Lutheran Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 2300 (Ward)

2. FULL NAME

Mrs. Nevada Mae Harper  
(a) Residence, No. 8009 Prospect St., \_\_\_\_\_ Ward.

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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
38 11 8

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

13. NAME John J. Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline, Mo.

15. MAIDEN NAME Rebecca Croark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton, Mo.

17. INFORMANT Miss Myrtle Wells  
(ADDRESS) 3645 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Dayton, Mo. DATE Mar. 11 1936

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 N. Linwood

20. FILED Feb 11, 1936 M. M. Corwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 9, 1936  
I last saw her alive on March 9, 1936 Death is said to have occurred on the date stated above, at 12 a m.

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

Date of onset 9 days

Other contributory causes of importance:

Name of operation No Clinical 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? No  
If so, specify \_\_\_\_\_ (Signed) J. W. Welton M. D.

(Address) 836 Professional Bldg  
Kansas City 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.

Professional Bldg

Mar 6087

Res 6441 J. Ja 29