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.

AUG 18 1936

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

Do not use this space.

29263

File No. 8060

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City (No. 2143 HICKORY St. Ward)

2. FULL NAME RICHARD W HARPER

(a) Residence, No. 2643 HICKORY St., 22 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: COLORED

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: POLLY HARPER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAR. 7-1861

7. AGE: YEARS 85 MONTHS 4 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): HINES COUNTY MISS

FATHER

13. NAME: MARK HARPER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HINES COUNTY MISS

MOTHER

15. MAIDEN NAME: MARY HARPER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HINES COUNTY MISS

17. INFORMANT (ADDRESS): MRS POLLY HARPER 2143 HICKORY ST

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK DATE 7-31, 1936

19. UNDERTAKER (ADDRESS): WATSON and SON 2769 CHOUTEAU AVE

20. FILED AUG 20 1936 J F Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-25-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-18-, 1936, to 7-25-, 1936

I last saw him alive on 7-25-30, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Cardiac Regurgitation — Date of onset 7-25-36

Other contributory causes of importance:

Cardiac Regurgitation — 7-25-36

Name of operation — Date of —

What test confirmed diagnosis? Symptoms 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) L. E. Vincent, M. D.

(Address) 2336 Morlot.