

SEP 29 1936

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

Do not use this space.

32124

1. PLACE OF DEATH

County St. Clair Registration District No. 1037
Township Dallas Polk Primary Registration District No. 6013
City Quincy, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

George Franklin 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 6 15

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. _____

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) Missouri

13. NAME Geo Harper

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

15. MAIDEN NAME Iressie Deaster

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

17. INFORMANT Geo Harper (ADDRESS) Quincy - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harbyl. Cemetery DATE Aug 22 36

19. UNDERTAKER Luther Funeral Home (ADDRESS) Wheatland Mo

20. FILED 9. 9 1936 Mrs W.F. Hudson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 13th 1936, to Aug 21st, 1936

I last saw him alive on Aug 21st 1936 Death is said to have occurred on the date stated above, at 10.00 m.

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

Aug 13th 1936 Date of onset
Infectious diarrhea of infancy

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? Phys exam 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 _____, 1936

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. T. Murray, M. D.

(Address) Quincy, 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.

