

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Caldwell

Registration District No.

96

Township

Hamilton

Primary Registration District No.

4068

City

(No.)

File No.

11355

Registered No.

14

St.

Ward)

2. FULL NAME

Laura B. Harpster

(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.

da.

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

Coley Harpster

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

Mar 9 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

11

24

OCCUPATION

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

house wfs

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

Gallatin

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

Ms.

13. NAME

Isaac Surface

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

Dayton Ohio

15. MAIDEN NAME

Vern Moore

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

Dayton Ohio

17. INFORMANT (ADDRESS)

Mrs Verity Maguire
Hamilton Ohio

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Highland Cemetery

DATE

Mar 5 1937

19. UNDERTAKER (ADDRESS)

G. P. Shaughen
Hamilton Ohio

20. FILED

Mar 5 1937

Mule Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar 3 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 5 1936, to Mar 3 1937

I last saw her alive on Mar 3 1937 Death is said

to have occurred on the date stated above, at 8:50 P.M.

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

Carcinoma of thyroid

Date of onset

6 mos ago

Other contributory causes of importance:

42

Name of operation none

Date of

What test confirmed diagnosis? Lab. Anal. 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) Herbert R. Borch, M. D.

(Address) Hamilton Ohio

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.

