MAR 23 1937

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

Do not use this space.

File No. 12756

Registered No.

1. PLACE OF DEATH

72 County: NEW Madrid — Registration District No. 604

Township: NEW MADRID — Primary Registration District No. 0802

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: EARNEST HERPER

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Colored	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: CLARA HERPER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 17 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	3	15	

OCCUPATION

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

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): North Carolina

FATHER

13. NAME: George Herper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER

15. MAIDEN NAME: Unk.

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

17. INFORMANT (ADDRESS): J. C. HERPER

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Fany Powills DATE: March 2 1937

19. UNDERTAKER (ADDRESS): None

20. FILED 3/6 1937 Wm. O. Bauman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-2 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937, to March 2 1937

I last saw him alive on Feb 20 1937. Death is said to have occurred on the date stated above, at 3 a m.

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

	Date of onset
Tumor - Roll Cold region	
Probably Cancer -	
(Tumor early outlined - by Inoculation.)	

Other contributory causes of importance: -

46

Name of operation: ..... Date of: .....

What test confirmed diagnosis? Clinical Condition 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) W L Dyer, M. D.

(Address) Mo Wholesale Sec

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.