

SEP 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County ButlerRegistration District No. 89

Township

Primary Registration District No. 3007City Poplar Bluff, Mo. (No. 712)Sanders St.File No. 30246Registered No. 202

St. \_\_\_\_\_ Ward)

2. FULL NAME Laura Ann Harper(a) Residence, No. 712 Harper St. Sanders 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

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 OFJack Harper.

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

Sept. 26, 1863

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.73927

OCCUPATION

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

At Home

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)

Bloomfield

(STATE OR COUNTRY)

Missouri

MOTHER

## 13. NAME

Henry Harper

## 14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

## 15. MAIDEN NAME

Sarah Corbin

## 16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 17. INFORMANT

Jack Harper

(ADDRESS)

712 SandersPoplar Bluff, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Poplar BluffCity CemeteryDATE Aug. 26

1937

## 19. UNDERTAKER

Frank Und. Co.

(ADDRESS)

Poplar Bluff, Mo.

## 20. FILED

8/26/371937Obertinger

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Aug. 2319 37

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug. 2, 1937, to Aug 23, 1937.I last saw her alive on Aug 22, 1937. Death is saidto have occurred on the date stated above, at 11P. m.

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

Cerebral Embolus

Date of onset

Aug 14

Other contributory causes of importance:

fractured hip + arm just

Name of operation

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? Accident Date of injury Jan. 1, 1937Where did injury occur? Home Poplar Bluff Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

HomeWinters clothesManner of injury Fall from chair whileNature of injury fracture left hip + arm

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Arthur P. Ross

M. D.

(Address)

Poplar Bluff Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

