

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence (No. 501 W. Sea)

File No. 41461
Registered No. 365
St. 4 Ward

2. FULL NAME

Lusi Louise Harper
(a) Residence, No. 501 West Sea St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 William A. Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 - 1864

7. AGE YEARS 73 MONTHS 1 DAYS 12. If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Burkhardt

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

15. MAIDEN NAME Nichols

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

17. INFORMANT William A. Harper
(ADDRESS) 501 W. Sea

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Home DATE Nov 13 37

19. UNDERTAKER Wm. G. Larson Funeral Home
(ADDRESS) Independence, Missouri

20. FILED 11-19- 1937 J. R. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw My coroner alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Mitral stenosis with regurgitation Date of onset _____

Acute heart failure

Pulmonary edema

Other contributory causes of importance: _____

Acute heart failure

Pulmonary edema

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) J. R. Cook _____, M. D.
(Address) _____

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.

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