JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 45536
Township — Primary Registration District No. 4227 — Registered No.
City West Plains (No. , St. Ward)

2. FULL NAME Margaret Ellen Harper
(a) Residence, No. Rt. 4, West Plains, Mo. 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. 35 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1918
7. AGE: YEARS 18 — MONTHS 10 — DAYS 14 — If LESS than 1 day, hrs. or min.

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

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell County, Mo.

FATHER
13. NAME Virgil W. Harper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell County, Mo.

MOTHER
15. MAIDEN NAME Iva Hadley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willow Springs Mo.

17. INFORMANT (ADDRESS) Virgil W. Harper West Plains, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Barnett Cem. DATE 9/18, 1937
19. UNDERTAKER (ADDRESS) Robertson's Mortuary West Plains, Mo.
20. FILED 11/21, 1937 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1937, to Sept. 15, 1937
I last saw her alive on Sept. 15, 1937 Death is said to have occurred on the date stated above, at 7:40 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Peritonitis — Date of onset

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Other contributory causes of importance:

Purulent Appendicitis

Name of operation yes Date of 8/11/37
What test confirmed diagnosis? Operation 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) R E Hogan, M. D.
(Address) West Plains, 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.