REC'D MAR 17 1938

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

Do not use this space.

2
1

1. PLACE OF DEATH
46 County Howell — Registration District No. 384 — File No. 6921
3 Township — Primary Registration District No. 4227 — Registered No.
1 City West Plains, Mo. (No. ..., ... St. ..... Ward)

2. FULL NAME Gussie Harper 616
(a) Residence, No. 208 West Main St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhodrick Thos. Harper.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1856

7. AGE: 81 YEARS — MONTHS: 3 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired school teacher.
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) Farrar, Jasper Co., Georgia. 1

FATHER
13. NAME William Spears 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia. 1

MOTHER
15. MAIDEN NAME Mary Jane Aiken
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farrar, Georgia.

17. INFORMANT (ADDRESS) Miss Grace Spears. 208 W. Main. WestPlains, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem.
PLACE WestPlains, Mo. DATE Feb. 28, 1938

19. UNDERTAKER (ADDRESS) Hal Thornburgh West Plains, Mo.

20. FILED 2-28, 1938 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:p.m.
The principal cause of death and related causes of importance were as follows:

Natural causes. - Heart attack probably. Died in own apartment, death being sudden and having occurred an hour or so before being found.

Date of onset: Sud. or

Other contributory causes of importance:

200

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Mrs. Mayne C. Thornburgh 4 M. D. Coroner.
(Address) West Plains, Mo.

344

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.