

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

Do not use this space.

REC'D MAR 24 1938

1. PLACE OF DEATH

County St. Clair Registration District No. 1077 File No. 8037
 Township Montgomery Primary Registration District No. 6013 Registered No. _____
 City Juniata (No. 2) St. _____ Ward _____

2. FULL NAME

Leabron-Henry Harper 116
 (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-2-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 20

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

FATHER 13. NAME Arthur Harper

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

MOTHER 15. MAIDEN NAME Ann. Towlesley

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

17. INFORMANT Lyons 18 years
 (ADDRESS) Juniata Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harper DATE Jan 22 1938

19. UNDERTAKER W. H. H. H. H.
 (ADDRESS) Wheatland Mo.

20. FILED 8 1938 Mrs W. F. Hudson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1938 to Jan 22 1938

I last saw him alive on Jan 22 1938. Death is said to have occurred on the date stated above, at 1:00 a

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset 1-18-38

Other contributory causes of importance:
NMO 1070

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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) A. S. Johnston, M. D.
Wheatland Mo (Address)

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.

1992