

REC'D MAY 25 1938

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

Do not use this space.

16083

File No. _____
Registered No. 106
St. _____ Ward _____

1. PLACE OF DEATH

County Vernon
Township Center
City Nevada (No. _____)Registration District No. 875
Primary Registration District No. 3039

2. FULL NAME

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 19377. AGE YEARS MONTHS DAYS 0 11 28 IF LESS than 1 day, _____ hrs. or _____ min.

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) Nevada (STATE OR COUNTRY) Missouri13. NAME Jess Harper14. BIRTHPLACE (CITY OR TOWN) Nevada (STATE OR COUNTRY) Missouri15. MAIDEN NAME Alta Hogan16. BIRTHPLACE (CITY OR TOWN) Stanton (STATE OR COUNTRY) Missouri17. INFORMANT Jess Harper (ADDRESS) Nevada Mo18. BURIAL, CREMATION, OR REMOVAL Steph. Cemetery DATE April 13 193819. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada Mo20. FILED 4-13 1938 Kellen & Heare Registrar. 775

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 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 _____ m.

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

Lobar Pneumonia Date of onset _____

Other contributory causes of importance:

Measles

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? _____ 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 _____ not an M.P.O.24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. E. Ferry (Address) Nevada MoRegistrar. 775

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.

