

REC'D NOV 15 1938

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

35109
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
(b) Township St. Joseph Primary Registration District No. 3001 Registered No. 1233
(c) City St. Joseph (d) Street No. Canner Hosp. No. 2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Princeton, Mo. St. Princeton Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Gladys Harper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 11 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton, Mo. U.S.

FATHER 13. NAME Wm. Harper

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

MOTHER 15. MAIDEN NAME Crista Arbuckle

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

17. INFORMANT (ADDRESS) Mrs. Gladys Harper, wife Princeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton, Mo. DATE 10-5-1938

19. FUNERAL DIRECTOR (ADDRESS) Barry-Wylie St. Joseph, Mo.

20. FILED 10/5 1938 H. J. Wetzel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-1938

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1938 to Oct 5, 1938
Next saw him alive on Oct 5, 1938 Death is said to have occurred on the date stated above, at 417A.
The principal cause of death and related causes of importance were as follows:

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

Squamous Cell Carcinoma grade 3 of Right Buccal cusp
Probable metastasis
Other contributory causes of importance: Diabetes

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) H. J. Wetzel, M. D.

(Address) State Curator's Hosp

St Joseph Mo. #12

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state every factor or minor cause should be carefully supplied.

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STATEMENT BY LICENSED EMBALMER

I, D. E. Ryan, Licensed Embalmer No. 3613

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed D. E. Ryan

Licensed Embalmer No. 3613

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)