

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

2170
Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

(a) County Franklin 2 Registration District No. 288
 (b) Township _____ Primary Registration District No. 4172 Registered No. 6
 (c) City Kennett (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

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

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 Katherine Harper
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1880
 7. AGE YEARS 58 MONTHS 2 DAYS 24 LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Automobile Agent
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yuma, Ariz.
 FATHER 13. NAME J. W. Harper
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
 MOTHER 15. MAIDEN NAME Dora White
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Clyde Harper
Caruthersville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville, Mo. DATE 1/23/39
 19. FUNERAL DIRECTOR (NAME AND ADDRESS) George Lind, Co.
Caruthersville, Mo.
 20. FILED 2/1 1939 Hubert Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-14 1939, to 1-22 1939
 I last saw him alive on 1-22 1939. Death is said to have occurred on the date stated above, at 1:40 m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
Hypertension
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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? _____
 If so, specify _____
 (Signed) J. H. Kennett M. D.
 (Address) Kennett, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No.

District File Number 39-1

Date Filed 2-8-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

John Edward Schuman, or by

Registered Apprentice No., working under my personal supervision.

Signed J. E. Schuman

Licensed Embalmer No. 4086

P. O. Address Courtsville, Mo

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

If this body is not embalmed, above space should be left blank.