

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.

JAN 8 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 420
Township W 3 Primary Registration District No. 3022
City Desoto (No.); St. Ward)

43750

File No.
Registered No. 80

2. FULL NAME Matthe Harper

(a) Residence, No. 118 Sheras St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 16

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

13. NAME Daniel Golden

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

15. MAIDEN NAME Mary Rutledge

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

17. INFORMANT Earthy Bales (ADDRESS) Desoto Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dale Chapel DATE Dec 17 1939

19. UNDERTAKER Sparks Paton (ADDRESS) Mo

20. FILED 12-18 1939 Genevieve Darnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1939, to Dec 15, 1939.

I last saw her alive on Dec 14, 1939. 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:

Cerebral hemorrhage Date of onset Oct 30 39

Other contributory causes of importance: STU

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) J. P. Lugels M. D.

(Address) Desoto, Mo

