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

Do not use this space.
30313

1. PLACE OF DEATH
County Monroe — Registration District No. 579
Township Madison — Primary Registration District No. 5776
City Madison (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Angelina Jane Harper

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED (write the word)
Female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/3/1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	1	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Madison Monroe Co. Mo.

FATHER

13. NAME Commodore Perry Love

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dan. & Tenn.

MOTHER

15. MAIDEN NAME Carolyn Ann Wrather

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

17. INFORMANT (ADDRESS) Mrs Tarmet Ragsdale Madison Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE ....., 19....

19. UNDERTAKER (ADDRESS) Fred A Thompson Madison, Mo.

20. FILED Sept 4 1933 Fred A Thompson Registrar.
W.W. Eubank

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28th, 1933 to Sept 3rd, 1933
I last saw ~~her~~ alive on Sept 3rd, 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Enterocolitis — Date of onset 8/26/33
120B 120B

Other contributory causes of importance:
Colitis (mucous) for a no. of years,

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 .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) W. A. Lasley, M. D.
(Address) Moberly, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD