

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

Do not use this space.

JAN 18 1938

1. PLACE OF DEATH

County Henry
Township Davis
City Ladue Mo (No. _____)

Registration District No. 355
Primary Registration District No. 5497

File No. 45507
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Richard Thomas Harpe

(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 33 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nannie Harpe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-15-1851</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
FATHER	13. NAME <u>Charles Wesley Harpe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Addie Whitefield Down Illinois</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bear Creek</u> DATE <u>12-19-37</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Wilkerson Clinton Mo</u>		
20. FILED <u>12-21</u> 19 <u>37</u> <u>W E Baggerly</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-37

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to Dec 18, 1937
I last saw him alive on Dec 16, 1937. Death is said to have occurred on the date stated above, at 3:45 pm.
The principal cause of death and related causes of importance were as follows:
Hypostatic pneumonia
U.S.
Other contributory causes of importance:
Cancer of the lower jaw (right)

Date of onset	<u>Dec 17/37</u>
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Name of operation _____ Date of _____
What test confirmed diagnosis? None 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.
None

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) S B Hughes, M. D.
(Address) Clinton Mo

WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

