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

Do not use this space.

15882

1. PLACE OF DEATH
County: Grundy — Registration District No. 329 — File No.
Township: Myers — Primary Registration District No. 3457 — Registered No. 7
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Lora Tharp
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: female
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: wife of Carl Tharp
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby 17 - 1894
7. AGE: Years 36 — Months 2 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newtown Mo Missouri

PARENTS
10. NAME OF FATHER: Phantly Rhodes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Delia Michiel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: Carl Tharp
(Address): Spickard Mo

15. FILED May 20 1930 — E W Ewing, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 17 1930

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1930, to May 17, 1930 that I last saw him alive on May 17, 1930 and that death occurred, on the date stated above, at 1109 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puerperal Eclampsia
146
148
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E W Ewing, M. D
May 19, 1930 (Address) Spickards Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: North Evans Grundy Co Mo — DATE OF BURIAL: May 19 1930
20. UNDERTAKER: Chas E Schooler — ADDRESS: Spickard 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.