

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

Do not use this space.

16052

1. PLACE OF DEATH

County Bonif
Township Paris
City Paris

Registration District No. 30
Primary Registration District No. 4022

File No.
Registered No. 21
St. Ward)

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Nancy Ann Harper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 6 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Beyside
(STATE OR COUNTRY) W. Va.

10. NAME OF FATHER Henry Harper

11. BIRTHPLACE OF FATHER (CITY OR TOWN) W. Va.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hannah Lee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) W. Va.
(STATE OR COUNTRY)

14. INFORMANT Henry C. Harper
(Address) Paris Mo.

15. FILED T-12, 19. 28 Mattie Blumensh
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1928

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1928, to May 4, 1928, that I last saw him/her alive on May 31, 1928, and that death occurred, on the date stated above, at 4 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

CONTRIBUTORY (SECONDARY) (Sudden)

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) Ray Russell, M. D.

.19 (Address) Fairview 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

DATE OF BURIAL

Murray Chapel

May 5 1928

20. UNDERTAKER

ADDRESS

L. H. White

Fairview 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.

PERMANENT RECORD

24 1928

