

STANDARD
CERTIFICATE OF DEATH

40 2627
In this space

OF DEATH: County *Harmon*

Township *Halstead* Registered No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *John Wesley Harper*

(a) Residence No. *Blackwell*, *Okla.* St. _____ Ward _____
(Usual place of abode.) (If none stated, 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			MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>M.</i>	4 COLOR OR RACE <i>W.</i>	5 Single, Married, Widowed, or Divorced (write the word) <i>Married</i>	16 DATE OF DEATH (month, day, and year) <i>6/18 1927</i>	17 I HEREBY CERTIFY That I attended deceased from <i>May 8 1927</i> to <i>June 18 1927</i> that I last saw h. <i>June 18 1927</i> alive on <i>June 18 1927</i> and that death occurred, on the date stated above, at <i>S. A.</i> m.
2a If married, widowed, or divorced REASONS of (or) WIFE of <i>Oliver Harper</i>			The CAUSE OF DEATH was as follows: <i>Medicostinitis following Thyroidectomy & Post op.</i>	
6 DATE OF BIRTH (month, day, and year) <i>Aug 15 1893</i>			The CAUSE OF DEATH was as follows: <i>Medicostinitis following Thyroidectomy & Post op.</i>	
7 AGE Years Months Days <i>33 10 13</i>	8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Real Estate</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Unknown</i> (c) Name of employer <i>Unknown</i>		CONSTITUTIONARY (duration) yrs. mos. ds. <i>14 ds</i>	
9 BIRTHPLACE (city or town) (State or country) <i>Harmon West Va.</i>			18 Where was disease contracted if not at place of death? <i>at home</i>	
10 NAME OF FATHER <i>W. J. Harper</i>			19 Did an operation precede death? <i>No</i> State of <i>Okla.</i>	
11 BIRTHPLACE OF FATHER (City or town) (State or country) <i>Okfusville West Va.</i>			Was there an autopsy? <i>No</i>	
12 MARRIED NAME OF MOTHER <i>B. Scharlette</i>			What test confirmed diagnosis? <i>Microscopic</i>	
13 BIRTHPLACE OF MOTHER (City or town) (State or country) <i>Okfusville West Va.</i>			14 SEX OF DECEASED <i>Male</i>	
14 Informant <i>H. Harper Poling</i> (Address) <i>Blackwell Okla.</i>			15 PLACE OF BURIAL <i>Blackwell Okla</i>	
15 Place <i>7/7 1927</i>			16 SIGNATURE OF REGISTRAR <i>KINZER & DREESE</i>	

HALSTEAD

BLACKWELL

AUG. 15, 1893

HARMON, W. VA.

THAD HARPER

B. SCHARLETTE

H. HARPER POLING

6-182

MEDICOSTINITIS FOLLOWING
THYROIDECTOMY