

HALSTEAD

BLACKWELL

AUG. 15, 1893

HARMON, W. VA.

THAD HARPER

B. SCHARLETTE

H. HARPER POLING

STANDARD
CERTIFICATE OF DEATH

OF DEATH: County Harmon

Township Halstead Registered No. _____

City Blackwell 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 afloat, 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 <u>M.</u> | 4 COLOR OR RACE <u>W.</u> | 5 Single, Married, Widowed, or Divorced (write the word) <u>Married</u> | 16 DATE OF DEATH (month, day, and year) <u>6/18 1907</u> | 17 I HEREBY CERTIFY That I attended deceased from <u>May 8 1907</u> to <u>June 18 1907</u> that I last saw him <u>June 18 1907</u> alive on <u>June 18 1907</u> and that death occurred, on the date stated above, at <u>S. A.</u> m. |
| 2a If married, widowed, or divorced REWARD of (or) WIFE of <u>Oliver Harper</u> | | | The CAUSE OF DEATH was as follows: <u>Medicostinitis following Thyroidectomy & Post Op.</u> <u>Shuntaridge</u> (duration) yrs. mos. ds. <u>14 ds.</u> | |
| 6 DATE OF BIRTH (month, day, and year) <u>Aug 15 1893</u> | | | 7 AGE Years <u>33</u> Months <u>10</u> Days <u>13</u> If LESS than 1 day, hrs. or min. | |
| 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Real Estate</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Unknown</u> (c) Name of employer | | | CONSTITUTIONARY (Secondary) _____ (duration) yrs. mos. ds. | |
| 9 BIRTHPLACE (city or town) (State or country) <u>Harmon West Va.</u> | | | 18 Where was disease contracted if not at place of death? <u>at home</u> | |
| 10 NAME OF FATHER <u>W. Harper</u> | | | 19 Did an operation precede death? <u>No</u> State of <u>W. Va.</u> 1907 | |
| 11 BIRTHPLACE OF FATHER (City or town) (State or country) <u>Chillicothe West Va.</u> | | | Was there an autopsy? <u>No</u> | |
| 12 MARRIED NAME OF MOTHER <u>B. Scharlette</u> | | | What test confirmed diagnosis? <u>Microscopic</u> U. S. D. | |
| 13 BIRTHPLACE OF MOTHER (City or town) (State or country) <u>Chillicothe West Va.</u> | | | 14 SEX OF DECEASED <u>M</u> (Address) <u>Blackwell Okla</u> | |
| 14 Informant <u>H. Harper Poling</u> (Address) <u>Blackwell Okla.</u> | | | 15 PLACE OF BURIAL OR CREMATION OR OTHER DISPOSAL <u>Blackwell Okla</u> DATE OF BURIAL OR CREMATION <u>6/20/07</u> | |
| 15 Place <u>77</u> <u>Missed Hoffman</u> | | | 16 UNDERTAKER <u>KINZER & DREESE</u> Address <u>Halstead Okla</u> | |

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MEDICOSTINITIS FOLLOWING
THYROIDECTOMY