

HALSTEAD

BLACKWELL

AUG. 15, 1893

HARMON, W. VA.

THAD HARPER

B. SCHARLETTE

H. HARPER POLING

STANDARD
CERTIFICATE OF DEATH

No. **40 2627**
In this space

OF DEATH: County **Harmon**

Township **Halstead** No. **10** Ward **1**
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

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

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MEDICOSTINITIS FOLLOWING
THYROIDECTOMY