

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

Do not use this space.

38744

PLACE OF DEATH

County Delaware Registration District No. 194
 Township Cambodge Primary Registration District No. 6087A
 City (No. _____) St. _____ Ward _____

2. FULL NAME Bernard William Larnan

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Mrs. Larnan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27, 1875</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>6</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>William, Mo.</u>		
13. NAME <u>M. H. Thomas Larnan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware</u>		
15. MAIDEN NAME <u>not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>		
17. INFORMANT <u>Mrs. Anna Larnan</u> <u>Williams, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glasgow</u> DATE <u>Nov. 28, 1933</u>		
19. UNDERTAKER <u>Tony Hillen</u> <u>Glasgow, Mo.</u>		
20. FILED <u>Nov 27, 1933</u> <u>J. H. [unclear]</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-26-1933 to 11-26-1933
 I last saw deceased on 11-26-1933. Death is said to have occurred on the date stated above, at 10:30 AM.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris
94A
[Signature]
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. H. Pritchett, M. D.
 (Address) Glasgow, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

