LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

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1. PLACE OF DEATH
County: Jasper — Registration District No. 411 — File No. 8087 C3
Township: — Primary Registration District No. 2002 — Registered No. 122
City: Joplin, Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Harry G. Larsh
(a) Residence. No. St. John's Hosp. St., ... Ward. Miami, Okla.
(Usual place of abode) (If nonresident 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

3. SEX: Male
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Mar.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lulu M. Larsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 21-1879

7. AGE: Years 44 — Months 5 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mind Operator
(b) General nature of industry, business, or establishment in which employed (or employer): ..... BO
(c) Name of employer: Pioneer L. & G. Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leonard, Kas.

PARENTS
10. NAME OF FATHER: Leander M. Larsh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kas.
12. MAIDEN NAME OF MOTHER: Nancy May
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT (Address): E. C. Larsh, Roff, Okla.

15. FILED 3/18, 1924 A. Benson Clark, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 16 1924

17. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1924, to Mar 16, 1924, that I last saw him alive on Mar. 16, 1924, and that death occurred, on the date stated above, at 1:35 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Internal Injuries, Lacheration broken ribs, internal hemorrhage broken arm, Rail Road Accident
206 N. 103 (duration) ..... yrs. ..... mos. 4 hours

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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) S. A. Grantham M. D.
3/17, 1924 (Address) Joplin 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Miami, Okla. — DATE OF BURIAL: 3/22 1924

20. UNDERTAKER: Frank-Sievers Co. — ADDRESS: Joplin 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.

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. .....

City..... (No....., ...St. .....Ward)

2. FULL NAME.....

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.
INFORMANT .....
(Address)

15.
FILED....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17.
I HEREBY CERTIFY, That I attended deceased from .....
....., 19....., to ....., 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....
.....
.....
.....(duration).....yrs. .....mos. .....ds.

CONTRIBUTORY.....
(SECONDARY)
.....(duration).....yrs. .....mos. .....ds.

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)....., M. D
, 19 (Address)

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

N. B.—Every item of information should be carefully [illegible] CAUSE OF DEATH in plain terms, so that it may be properly [illegible]

F161-3-33-5M

CERTIFICATE OF DEATH

OKLAHOMA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
OKLAHOMA CITY, OKLAHOMA

1. PLACE OF DEATH Jasper Co

Registered No. 17858

City Joplin Mo (No. ..... St., ... Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]

2. FULL NAME Harry Glenn Larsh

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED OR DIVORCED (WRITE the word): Married

6 DATE OF BIRTH ..... (Month) ..... (Day) ..... (Year)

7 AGE: 44 yrs. 5 mos. 25 ds. If Less than 1 day ..... hours or ..... minutes

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

9 BIRTHPLACE (State or country): unknown

PARENTS

10 NAME OF FATHER: "

11 BIRTHPLACE OF FATHER (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (State or country): "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDCE

(Informant) .....

(Address) .....

Filed Mar. 20 1924 Mrs Fern Heim
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3/16/24 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

that I last saw h..... alive on ..... 19.....

and that death occurred on the date stated above at 135P m.

The CAUSE OF DEATH* was as follows:

R R Accident; auto hit by train

Supplement

(Duration) 1880 yrs. mos. ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(SIGNED) A B Clark, M.D.

3/16/24 19..... (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~~Gl~~ Galena Kans

Former or usual residence Miami Okla

19 PLACE OF BURIAL OR REMOVAL: Rose Hill Cemetery

DATE OF BURIAL: 3/20/24 19.....

20 UNDERTAKER: Street & Draper

ADDRESS: OklaCity Okla

8087-C3