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

Do not use this space.

1931

File No. [illegible]

Registered No. 5356

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. 4111 Oak Street St., Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Calhoun F. Larey

(a) Residence. No. 4111 Oak street St., 6 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~OR WIFE OF~~: Mrs. Emma R. Larey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 20, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
66	6	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Druggist
(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): Georgia

PARENTS

10. NAME OF FATHER: P. H. Larey

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

12. MAIDEN NAME OF MOTHER: Lula E. Beasley

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

14. INFORMANT: Mrs. Emma R. Larey
(Address) 4111 Oak St.

15. FILED 2/2, 1929 Orly Lyons Asst. REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 31st 1929

17. I HEREBY CERTIFY, That I attended deceased from ~~Deputy Coroner~~ [illegible], 19..., to [illegible], 19..., that I last saw h... alive on [illegible], 19..., and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

1/31

93 Y

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & inspection

(Signed) Stacey M Hall, M. D

1/31, 1929 (Address) Deputy Coroner

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mount Moriah	Feb 2, 1929
20. UNDERTAKER: Freeman Mortuary	ADDRESS 42 & Baltimore

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.