

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

Do not use this space.

37485

**1. PLACE OF DEATH**

County Jackson  
Township Crairie  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 40-  
Primary Registration District No. 335 P D

File No. \_\_\_\_\_  
Registered No. 147  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Theodore Larsen

(a) Residence. No. Jackson County Home St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-8-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>7</u>	<u>1</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Porter  
(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) Sweden

10. NAME OF FATHER [Signature]

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

12. MAIDEN NAME OF MOTHER [Signature]

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

14. INFORMANT J. W. Hattler  
(Address) Jackson Co. Home

FILED Nov 10 1929 REGISTRAR J. W. Hattler

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-9-1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to 11-9, 1929 that I last saw him alive on Nov 8, 1929, and that death occurred, on the date stated above, at 6 o'clock P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

chronic myocarditis

CONTRIBUTORY (SECONDARY) General debility  
(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 Clinical

(Signed) J. W. Hattler, M. D.

11/9, 1929 (Address) Independence 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. K.C. University Phys. Dept

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Home of J. W. Hattler DATE OF BURIAL 10/10 1929

20. UNDERTAKER Hattler ADDRESS [Signature]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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