OCT 29 1930

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

Do not use this space.

30345

1. PLACE OF DEATH
County Laclede — Registration District No. 448 — File No.
Township union — Primary Registration District No. 5608 — Registered No.
City (No. , St. Ward)

2. FULL NAME Lavinia Elnor Larimore
(a) Residence. No. Conway Mo St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward C. Larimore

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1855-2-8

7. AGE: Years 75 — Months ~~[illegible]~~ 7 — Days 6 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Cooper Co Mo

PARENTS
10. NAME OF FATHER: John Bull
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Elnor Powell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: R. J. Larimore
(Address): Conway

15. FILED: Oct 10, 1930 Jennie H. Clinton, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 14 1930

17. I HEREBY CERTIFY, That I attended deceased from on Sept 10, 1930, to Sept 14, 1930, that I last saw her alive on Sept 10, 1930, and that death occurred, on the date stated above, at 6 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ulcerative Laryngitis & entire upper air passages
36
105 B (duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY): Septicaemia
Do not know, She was Moribund at time I saw her, (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 only
(Signed) E. Saylor, M. D
, 19 (Address) Phillipsburg, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Catholic Cemetery — DATE OF BURIAL: Sept 16 1930

20. UNDERTAKER: J. H. Moffat, Conway — ADDRESS: 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.

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