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.

JUN 29 1931

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

Do not use this space.

18946

1. PLACE OF DEATH
County Platte — Registration District No. 698 — File No.
Township — Primary Registration District No. 4420 — Registered No.
City Weston (No. , St. Ward)

2. FULL NAME Wm J. Large
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1871
7. AGE YEARS 59 MONTHS 11 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 38 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo.

FATHER
13. NAME Wm Large
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Hightower
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Earnest Large Weston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mineland DATE 6-1-1931

19. UNDERTAKER (ADDRESS) J H Brill Weston Mo

20. FILED 6/1 1931 J H Brill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov-6-, 1930, to May-31-, 1931
I last saw him alive on Apr-1-, 1931. Death is said to have occurred on the date stated above, at 2:30 pm.
The principal cause of death and related causes of importance were as follows:

Chronic pulmonary tuberculosis — Date of onset

23 ✗ 23

Other contributory causes of importance:
None ascertainable

Name of operation None Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? No

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? No
If so, specify ✓
(Signed) Lewis C. Calvert, M. D.
(Address) Weston, Mo.