

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

Do not use this space.

19040

1. PLACE OF DEATH

County Ray
Township Richmond
City Rayville

Registration District No. 744
Primary Registration District No. 5976B

File No. _____
Registered No. 62
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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)

Widowed

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

Mary Larkey

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

Sept 25 1839

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>91</u>	<u>8</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Causeau
(STATE OR COUNTRY) Ray Co Mo

10. NAME OF FATHER

John Larkey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Lylia Stout

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Don't know
(STATE OR COUNTRY)

14. INFORMANT

Geo Larkey
(Address) Rayville Mo

15. REGD.

6-2-31 J. E. Say REGISTRAR

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

May 30 1931

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to May 30, 1931, that I last saw him alive on May 30, 1931, and that death occurred, on the date stated above, at 2:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

CONTRIBUTORY (SECONDARY)

Chronic nephritis (duration) 7 yrs. 0 mos. 0 ds.
131
1373 (duration) 7 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

9. IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Blood analysis
(Signed) R. M. Gordon M. D.

5/30, 1931 (Address) Rayville 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

New Hope

DATE OF BURIAL

6-1 1931

20. UNDERTAKER

J. S. Howland

ADDRESS

Rayville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MIN 29 1931

