

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

Do not use this space.

27388

1. PLACE OF DEATH

County Registration District No. 191
Township Primary Registration District No. 1008
City St. Louis Mo. (No. City Hospital #1)

File No.
Registered No. 7179
St. Ward)

2. FULL NAME

James W. Larrison
(a) Residence, No. 5609 Manchester, 4 Ward.

(If nonresident, give city or town and State)

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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 16 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Missouri

17. INFORMANT Dora Larrison (ADDRESS) 5609 Manchester

18. BURIAL, CREMATION, OR REBURYAL PLACE Memorial Park DATE Aug 5 1932

19. UNDERTAKER Knigghauer, McQuarrie (ADDRESS) 1422 1/2 Kings Highway

20. FILED AUG - 3 1932 Registrar. [Signature] (Address) [Address]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 167, 1932, to 167, 1932

I last saw him alive on Aug 2, 1932. Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

Shot Wound of Chest, self-inflicted at residence on Aug. 2, 1932. Date of onset

167 suicide

Other contributory causes of importance:

Name of operation Date of
167 (A)

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 8/2, 1932

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?

If so, specify

(Signed) [Signature] (Address) [Address]

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.

WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

