

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

Do not use this space.

1. PLACE OF DEATH

25 County Clinton
4 Township Plattburg
2 City Plattburg (No. St. Ward)

Registration District No. 207
Primary Registration District No. 4125-

File No. 31980
Registered No. 74

2. FULL NAME Elice May Larson

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

Length of residence in city or town where death occurred 2 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 F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1932

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

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 1872

I last saw h. alive on, 19.... Death is said to have occurred on the date stated above, at m.

7. AGE YEARS MONTHS DAYS / If LESS than 1 day, hrs. or min.
59 11 24

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 231

Cerebral Hemorrhage
died instantly
5
Other contributory causes of importance:

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

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

12. BIRTHPLACE (CITY OR TOWN) Lawrence, Mo. (STATE OR COUNTRY) Kans.

13. NAME Erickson

14. BIRTHPLACE (CITY OR TOWN) Lawrence, Mo. (STATE OR COUNTRY) Kans.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

17. INFORMANT Lawrence Larson (ADDRESS) Plattburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence, Kans. DATE 10-18 1932

19. UNDERTAKER Nelson & Brien (ADDRESS) Plattburg Mo

20. FILED 10/20 1932 Bessie Chastain Registrar.

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes

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? If so, specify (Signed) John Key Brown Clinton, M. D. (Address) Plattburg Mo.

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

NOV 22 1932

