

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

Do not use this space.

1150

1. PLACE OF DEATH

County Henry
Township Davis
City Salina (No. _____)

Registration District No. 355
Primary Registration District No. 5497

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. La Rue 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 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Salina Mo (STATE OR COUNTRY)

13. NAME Franklin W. Larson

14. BIRTHPLACE (CITY OR TOWN) Minnesota (STATE OR COUNTRY)

15. MAIDEN NAME Olga Fiddle

16. BIRTHPLACE (CITY OR TOWN) Fowler Colo (STATE OR COUNTRY)

17. INFORMANT Franklin Larson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Albert Lea Minnesota DATE 1932

19. UNDERTAKER Morey (ADDRESS)

20. FILED 1-10, 1932 W E Baggerly Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1932, to 1-1, 1932

I last saw him alive on 1-1, 1932. Death is said to have occurred on the date stated above, at 10.45 a.m.

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

Pneumonia
8
107 ft
8
12-28-32
Other contributory causes of importance: severe fever
12-12-32

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 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) Clinton, M. D.
(Address) Clinton Mo

