

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

Do not use this space.

20150

1. PLACE OF DEATH
 50 County Jefferson Registration District No. 421
 3 Township Primary Registration District No. 4249
 4 City Festus (No. St. Ward

2. FULL NAME Jesse Franklin LaRose
 (a) Residence, No. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	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) Feb. 12., 1908				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	25	3	27	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None			
	10. Date deceased last worked at this occupation (month and year) None		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Festus</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Chance LaRose</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Bloomsdale</u> (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Belle McKee</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>DeSoto M</u> (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Chance LaRose</u> (ADDRESS) <u>Festus Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Festus Mo</u> DATE <u>June 13</u> , 19 <u>33</u>				
19. UNDERTAKER <u>Duester and Vinyard</u> (ADDRESS) <u>Festus Missouri</u>				
20. FILED <u>6/10</u> , 19 <u>33</u> <u>J. E. Rutledge</u> Registry				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1931, to June 9, 1933
 I last saw him alive on June 9, 1933 Death is said to have occurred on the date stated above, at 12:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset June 6, 33
107A
57A 107A
 Other contributory causes of importance:
Chronic progressive polyarthritis Feb 27, 31

Name of operation Date of
 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? 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) Calvin C. Crosby D.O.
 (Address) 207 Main St., Festus, Mo.

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.

6000 10000

10000

10000 10000 10000

of

life

single

ST. den

SE

SA

more

10000

10000 10000

10000

10000

10000 10000

10000

10000

10000

10000 10000

10000 10000