

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 4 1934

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

Do not use this space.

36369

1. PLACE OF DEATH

County JACKSON Registration District No. 398 File No. \_\_\_\_\_  
Township BLUE Primary Registration District No. 3019 Registered No. 381  
City INDEPENDENCE (No. 217 S. OSAGE) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME JOSEPH JAMES LARABEE

(a) Residence, No. 217 S. OSAGE St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 30, 1868  
7. AGE YEARS 65 MONTHS Unknown DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED FARMER  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMING  
10. Date deceased last worked at this occupation. (month and year) THREE YEARS 11. Total time (years) spent in this occupation ALWAYS

12. BIRTHPLACE (CITY OR TOWN) EDWARDSBURG. (STATE OR COUNTRY) CANADA

13. NAME ENOCH LARABEE

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

15. MAIDEN NAME FANNIE LIZZERT

16. BIRTHPLACE (CITY OR TOWN) CANADA (STATE OR COUNTRY)

17. INFORMANT MRS. C. R. RUMBLE (ADDRESS) 1325 S. PLEASANT ST INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WOODLAWN DATE 11-27-1933

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME  
815 W. MAPLE AVE. INDEP. MO.

20. FILED Nov. 27, 1933 Dr. F. L. Cook Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25-1933, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-24-33, 1933, to 11-24, 1933

I last saw him alive on 11-24, 1933. Death is said

to have occurred on the date stated above, at 6:00 A. m.

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

Carcinoma of the stomach with obstruction  
465  
1410  
Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? None

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? No

If so, specify \_\_\_\_\_ (Signed) Russell W. Steinhilber, M. D.

(Address) Independence, Mo.

SEP 29 1962