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.

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

Do not use this space.

36544

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4465
Township Kaw — Primary Registration District No. 1 — Registered No. 4465
City Kansas City (No. 3830 Benton Blvd. St. Ward)

2. FULL NAME Walter A.H.Larberg
(a) Residence, No. 2237 East 68 th 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Larberg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr.28,1895
7. AGE YEARS 38 MONTHS 6 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Mgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Faith Iron Works
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayview Mo.

FATHER
13. NAME H.GLarberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Marianna Blanke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT H.G.Larberg
(ADDRESS) 3830 Benton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem DATE Nov.15-33, 19
19. UNDERTAKER R.V.Lindsey & Sons
(ADDRESS) 3811 Bdwy.
20. FILED Nov. 14, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov.13 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1933, to Nov 13, 1933
I last saw him alive on Nov 13, 1933 Death is said to have occurred on the date stated above, at 12;30 a m.
The principal cause of death and related causes of importance were as follows:
Lymphatic leukaemia June 1933
72 B
72 a
Date of onset
Other contributory causes of importance: Gangrenous Stomatitis Nov 11 1933
Name of operation Date of
What test confirmed diagnosis? autopsy 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) [signature], M. D.
(Address) 1014 Argyle Bldg. Kansas City, Mo.