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

SEP 20 1934

Do not use this space.

29413

1. PLACE OF DEATH

County Jackson — Registration District No. 5 [illegible] — File No. [illegible]

Township Kan — Primary Registration District No. [illegible] — Registered No. 3830

City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Ina Larson

(a) Residence, No. 2731 Campbell St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
235	30	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 96

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 14

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Iowa

FATHER

13. NAME John Dalin

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

MOTHER

15. MAIDEN NAME Ida Allard

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

17. INFORMANT (ADDRESS) Gerald C. Larson 2731 Campbell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burlington, Iowa DATE Aug. 17, 1934

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Kansas

20. FILED 8-15- 1934 M. M. Crowe Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934, to Aug 15, 1934

I last saw her alive on Aug 15, 1934. Death is said to have occurred on the date stated above, at 12 05 a.m.

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

Rupture of Aorta

Hemorrhage into pericardial cavity

Date of onset

Other contributory causes of importance:

Toxemia of Pregnancy

Name of operation Date of

What test confirmed diagnosis? Clinical 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 No

(Signed) Paul A Gempel, M. D.

(Address) 934 Ayres Bldg K. C. Mo

Paul A. Gempel
Argyle Bldg.
Vi 8227

12 = 4:30