OCT 10 1934

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

Do not use this space.

32613

1. PLACE OF DEATH
County *Henry* Registration District No. *34 T 5-188* File No. ....
Township *Clinton* Primary Registration District No. *3015* Registered No. ....
City *Clinton* (No. .... *County Home* St. .... Ward)

2. FULL NAME *John L. Larkey*
(a) Residence, No. *Clinton 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 *2* 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) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF *Harriet Larkey*

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

7. AGE YEARS *85* MONTHS .... DAYS .... If LESS than 1 day, ... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stock Buyer*
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 *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenna*

FATHER
13. NAME *Isaac Larkey*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenna*

MOTHER
15. MAIDEN NAME *Dont Know*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont Know*

17. INFORMANT (ADDRESS) *Roy Hunt Greenridge Mo*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Lincoln Mo 9-9-34*
19. UNDERTAKER (ADDRESS) *Fred Wilkerson Clinton Mo*
20. FILED *9-21* 1934 *J R Haughton* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9 - 7 - 34*

22. I HEREBY CERTIFY, That I attended deceased from ...., 19......, to ...., 19......
I last saw h........ alive on ...., 19...... Death is said to have occurred on the date stated above, at *3:00* PM.
The principal cause of death and related causes of importance were as follows: *Chronic Interstitial Nephritis*

Date of onset ....

Other contributory causes of importance: ....

Name of operation *none* Date of ....
What test confirmed diagnosis? *Clinical* 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 ...., 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) *J R Haughton* , M. D.
(Address) *Clinton Mo*