

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.

DEC 17 1934

39199

1. PLACE OF DEATH

County Henry
Township Shindor
City Shindor (No.)

Registration District No. 14
Primary Registration District No. 421

File No.
Registered No. 24 St. Ward)

2. FULL NAME

Hester Ann Larison
(a) Residence, No. 1234 South Main Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>H</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Larison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7, 1854</u>		
7. AGE <u>80</u>	YEARS <u>1</u>	MONTHS <u>0</u>
8. Trade, profession, or particular kind of work done, as aptner, sawyer, bookkeeper, etc. <u>at home</u>		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

12. BIRTHPLACE (CITY OR TOWN) North Missouri
(STATE OR COUNTRY)

13. NAME William Knight
14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

17. INFORMANT Irene Larison
(ADDRESS) Shindor, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Church DATE Nov. 9 1934

19. UNDERTAKER Huston Funeral Chapel
(ADDRESS) Shindor, Mo.

20. FILED Nov 9 1934 J. Dennis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1934 to Nov 8 1934

I last saw him alive on Nov 8 1934 Death is said to have occurred on the date stated above, at 12:45 a.m.

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

Cerebral hemorrhage Date of onset 11-5
Right Side

Other contributory causes of importance: 12-1

Name of operation Obit Date of Nov

What test confirmed diagnosis? Obit 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? No

If so, specify...

(Signed) J. Dennis M. D.

(Address) Shindor, Mo

