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.

FEB 25 1935

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 403 — File No. 1690
Township Brooking — Primary Registration District No. 5557 — Registered No.
City Kansas City, Mo. (No. Hickman Mills R.R. #2 St. Ward)

2. FULL NAME Billy Lee Larkins
(a) Residence, No. Hickman Mills St. Rt. #2 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 M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6. 1934
7. AGE YEARS — MONTHS 11 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child.
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) Kansas City, Mo.

FATHER
13. NAME Elvy A. Larkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Mo.

MOTHER
15. MAIDEN NAME Marie Weihldorfer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT (ADDRESS) Myrtle Williams Raytown Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookings DATE Jan 10 1935
19. UNDERTAKER (ADDRESS) Rose & Henderson 15 Jackson R.C. Mo.
20. FILED Jan 12 1935 M. W. Hilliard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1935
22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1935, to 1-9, 1935
I last saw him alive on 1-9, 1935. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ac. gastro enteritis	1-6-35
119 f	

Other contributory causes of importance:

ac. Otitis media	?

Name of operation None Date of —
What test confirmed diagnosis? Physical findings 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? No (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) H. C. Berger M. D.
(Address) 1306 Professional Bldg. Kansas City, Mo.

1300 Prof. Bldg.