

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.

AUG 23 1935

13309-5
68

1. PLACE OF DEATH

County JeffersonRegistration District No. 420Township VallePrimary Registration District No. 5574City St. Louis (No.)

St. Ward)

2. FULL NAME

(a) Residence, No.

(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

M

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

Evelyn Larkin

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

June 1 1867

7. AGE

YEARS

68

MONTHS

3

DAYS

4

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farming

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

own farm

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)

Jefferson Co Mo.

13. NAME

John Larkin

MOTHER FATHER

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

Mo.

15. MAIDEN NAME

Julia Harbestedt

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

Mo.

17. INFORMANT

(ADDRESS)

Mrs. Eva Larkin
1213

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Private

DATE

April 6 1935

19. UNDERTAKER

(ADDRESS)

Chas. E. Jallik
1213

20. FILED

4/3

19

35J. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 7 193522. I HEREBY CERTIFY, That I attended deceased from 3/17, 1935, to 4/2, 1935I last saw him alive on 3/30, 1935. Death is saidto have occurred on the date stated above, at 6 a.m.

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

Pulmonary Embolism 3/1/35

Other contributory causes of importance:

Appendicitis 1/23/35
Operated - 1/24/35Name of operation Appendectomy Date of 1/24/35What test confirmed diagnosis? Physical 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) Chas. E. Jallik, M. D.(Address) Des Moines Mo.

