

Recd 2 2 1935

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

Do not use this space.

16744

1. PLACE OF DEATH

County Jackson Registration District No. 1002
Township Kan Primary Registration District No. _____
City Kansas City (No. 2726 Benton Boulevard) St. _____ Ward _____

File No. _____
Registered No. 2270

2. FULL NAME

Albert Larson

(a) Residence, No. 2726 Benton Boulevard, 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 Male 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 Mrs. Benoni Larson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 6 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
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) (STATE OR COUNTRY) Chicago Illinois

13. NAME Dorothy Spencer

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

15. MAIDEN NAME Dorothy Spencer

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

17. INFORMANT Dorothy Spencer (ADDRESS) 2726 Benton Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 6-3 1935

19. UNDERTAKER Stine & McChure (ADDRESS) 3235 Hillman Place

20. FILED 6-3 1935 M. M. Crowless Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to May 31, 1935
I last saw him alive on May 31, 1935. Death is said to have occurred on the date stated above, at P. m. 11:30
The principal cause of death and related causes of importance were as follows:

Date of onset _____

Coronary Thrombosis
9/10

Other contributory causes of importance: Angina Pectoris

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? Yes
If so, specify _____
(Signed) Newton Pegler, D.
(Address) 407 Argyle Alley

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.

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Argyle Bedd. Va 9090