

DEC 20 1935

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

Do not use this space.

38199

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 1160

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 4479Registered No. 125City University City (No. 6328, Washington Ave. St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. 6328 Washington Ave. 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 <u>Female</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>J. R. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28 - 1852</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>11</u>
	DAYS <u>14</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY) <u>Calloway County Missouri</u>		
FATHER	13. NAME <u>Henry Larimore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Jane Thomas</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Wm. Fred G. Pruzinski 6328 Washington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mexico Mo</u> DATE <u>Nov. 14th 35</u>		
19. UNDERTAKER (ADDRESS) <u>C. R. Lupton &amp; Sons 4449 Olive Street</u>		
20. FILED <u>Nov. 12 1935</u> <u>Anna V. Mueller Registrar</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1935, to November 12, 1935. I last saw her alive on November 12, 1935. Death is said to have occurred on the date stated above, at 12:50 A.M.. The principal cause of death and related causes of importance were as follows:  
Carcinoma of urinary bladder  
Bilateral pyelonephrosis  
53  
Chronic myocarditis  
2 years ago

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cystoscopic Exam. 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) Wm. S. Secke, M. D.  
(Address) 3720 Washington

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.

