E. L. Evans

Do not use this space.

JAN 19 1937

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

44379

File No.

Registered No. 1000

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield (No. 2152 No. Broadway St., St. Ward)

2. FULL NAME Leone Bischoff Larkins

(a) Residence, No. 2152 No. Broadway St., Ward.

(Usual place of abode) Springfield, Missouri. (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: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1880

7. AGE: ✓ Years 56 — Months 7 — Days 7 — 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. Housewife

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) Webster County, Missouri.

FATHER

13. NAME John L. Letterman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County, Missouri.

MOTHER

15. MAIDEN NAME Sarah Bruton,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County, Missouri.

17. INFORMANT Percy B. Bischoff

(ADDRESS) Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brookline, Mo DATE Dec 3 1936

19. UNDERTAKER H. H. Lohmeyer

(ADDRESS) Springfield, Missouri.

20. FILED Dec 8, 1936 Chas A. George MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th 1936, to Dec. 7 1936

I last saw her alive on Dec. 7th 1936. Death is said to have occurred on the date stated above, at 10 a.m.

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

Acute Infection of gall bladder & liver

Date of onset

Other contributory causes of importance:

General debility

Name of operation none Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

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) E. L. Evans, M. D.

(Address) Springfield, Mo.

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.