

FEB 25 1937

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

Do not use this space.

1491

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No. 388
City Kansas City (No. 3410 Gillham Road) St. (Ward) 1

2. FULL NAME

Elmer C. Larsen
(a) Residence, No. 3410 Gillham Road St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 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*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 25³
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 2

12. BIRTHPLACE (CITY OR TOWN) Atlantic (STATE OR COUNTRY) Iowa13. NAME Lauritz C. Larsen14. BIRTHPLACE (CITY OR TOWN) Denmark (STATE OR COUNTRY)15. MAIDEN NAME Marie Nielsen16. BIRTHPLACE (CITY OR TOWN) Denmark (STATE OR COUNTRY)17. INFORMANT L. C. Larsen (ADDRESS) 3410 Gillham Road18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan. 18 193719. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) Kansas City, Missouri20. FILED Jan 18 1937 M. M. Grome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 3722. I HEREBY CERTIFY, That I attended deceased from Jan. 9 37 to Jan. 16 1937I last saw him alive on Jan. 16 1937. Death is said to have occurred on the date stated above, at 9.9 m.

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

Lobar Pneumonia Right Side Date of onset 1/10/37

Other contributory causes of importance:

Unknt. IntoxicationName of operation None Date of
What test confirmed diagnosis? Chlorase Was there an autopsy? Yes23. 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 injury24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Paul Jackson / M. D.(Address) 507 Monroe St

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.

Concord, Mass. 01742

NO 7171

1:30 to 4 P.M.

922 Walnut St.