

FEB 25 1937

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

Do not use this space.

1739

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hosp.) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Ruth Larson

(a) Residence, No. 4605 Tracy St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>21</u>	<u>9</u>	<u>26</u>	

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

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

10. Date deceased last worked at this occupation (month and year) Jan. 1937 11. Total time (years) spent in this occupation 2 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raytown Mo.

13. NAME Fred Larson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo.

15. MAIDEN NAME Daisy Hicks

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

17. INFORMANT Elen Hanson (ADDRESS) 4605 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 1-29-37

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS) _____

20. FILED Jan 29 1937 M. D. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/21/37, 1937, to 1/27/37, 1937.

I last saw h. alive on 1/27/37, 1937. Death is said to have occurred on the date stated above, at 5:23 A.M.

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

General peritonitis
Streptococci
(non pyogenic)

Other contributory causes of importance:
acute Gallbladder tube infection

Name of operation no Date _____
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? no Date of injury _____, 1937
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, home, or in public place. no

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) M. D. Brown, M. D.
(Address) 1103 Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. R. R. Coffey
Prof.
U. 2200