

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.

*D. J. O'Brien*  
6/14/37  
**MAR 20 1937**

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

Do not use this space.

6784

**1. PLACE OF DEATH**

County Gasper  
Township Galewood  
City Gasper

Registration District No. 411  
Primary Registration District No. 2002  
(No. 619 Courvoisier)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 619 Courvoisier Ave Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 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) March 27-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 32 10 6

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. House work

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) Bentonsville Ark

13. NAME C. E. Largent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Dakota

15. MAIDEN NAME Alice Kohler

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

17. INFORMANT C. E. Largent  
(ADDRESS) 619 Courvoisier Ave

18. BURIAL, CREMATION, OR REMOVAL DePaul Memorial Park DATE 2/4/37

19. UNDERTAKER Frank Severole  
(ADDRESS) 416 E. Courvoisier

20. FILED 2-3-37 Ed D. James  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1937 to Jan 31 1937  
I last saw him alive on Jan 30 1937. Death is said to have occurred on the date stated above, at 3:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Jan 27 1937  
108  
Acute Dilatation of Heart.  
Date of onset \_\_\_\_\_

Other contributory causes of importance: none  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Roentgen 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) James A. O'Brien, M. D.  
(Address) 614 1/2 major St. Joplin, Mo.

NOV 20 1945