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

Do not use this space.

File No. 15401

Registered No.

MAY 15 1937

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo. (No. 3830 Benton Blvd. St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Herman George Larberg
(a) Residence, No. 3830 Benton St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	9	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
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) Marthesville Missouri

FATHER
13. NAME Herman George Larberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Lesetta Woestemeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Marianna Larberg
(ADDRESS) 3830 Benton Blvd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Hill DATE April 26, 1937

19. UNDERTAKER R.V. Lindsey & Sons
(ADDRESS) 3811 Broadway K.C. Mo.

20. FILED Apr 25, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937, to April 23, 1937
I last saw him alive on April 22, 1937. Death is said to have occurred on the date stated above, at 4:22 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4-16-37
1070	

Other contributory causes of importance:

Coronary Cald	4-11-37

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) John P. Lewis, M. D.
(Address) 3546 Indiana Ave.

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.

Permit