

MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH  
 388 County Gentry Registration District No. 309 File No. 16302  
 1 Township ..... Primary Registration District No. 4155 Registered No. 26  
 2 City Albany (No. .... St. .... Ward)

2. FULL NAME Norman H. Larmer  
 (a) Residence, No. .... 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 11 2

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

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) Lee County  
 (STATE OR COUNTRY) Va

13. NAME James Larmer

14. BIRTHPLACE (CITY OR TOWN) Lee County  
 (STATE OR COUNTRY) Va

15. MAIDEN NAME Nancy Pennington

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

17. INFORMANT Carl Larmer  
 (ADDRESS) St Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Highland DATE May 1 1937

19. UNDERTAKER Robert L. Yapple  
 (ADDRESS) Albany, Mo.

20. FILED May 1 1937 W. T. Martin Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27 1937 to April 27 1937

I last saw him alive on April 27 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Cerebral Hemorrhage Date of onset 4  
26  
1937

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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) J. N. Bayers, M. D.

(Address) Albany 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.

