

JUN 22 1937

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

Do not use this space.

20310

1. PLACE OF DEATH

County Jackson
Township Prairie
City Little Blaine (No. Jackson Co. Iowa)

Registration District No. 400
Primary Registration District No. 553 A

File No. _____
Registered No. 100
St. _____ Ward _____

2. FULL NAME

Theodore LaRose
(a) Residence, No. Jackson County Iowa 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 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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-10-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 1 12

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

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

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) Iowa

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

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

17. INFORMANT Ernest Jackson (ADDRESS) 107 E. Home

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cem DATE May 24, 1937

19. UNDERTAKER A. Kettner (ADDRESS) 107 E. Home

20. FILED 5-28-37 William J. Seilda Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1937, to 5-22-37, 1937

I last saw him alive on 5-20-37, 1937 Death is said to have occurred on the date stated above, at 9 a.m.

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

Chronic myocarditis Date of onset _____

Other contributory causes of importance: ABC

Name of operation _____ 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) J. H. Deane, M. D.

(Address) In Dependence of Vice

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.

