48

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.

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Blue
City
Registration District No. 398
Primary Registration District No. 5554
(No. 43rd. & Crysler. St. Ward)
File No. 34435
Registered No. 315

2. FULL NAME Enoch Larson
(a) Residence, No. 43rd. & Crysler St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 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~~ Mary H. Larson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 2, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	7	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation 32 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ephraim Utah

FATHER
13. NAME Christian Larson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER
15. MAIDEN NAME Maren Jorgens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT Mrs. Mary H. Larson
(ADDRESS) 43rd. & Crysler Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE Sept. 26, 1937

19. UNDERTAKER Stahl' Funeral Home
(ADDRESS) 815 W. Maple Ave. Indep. Mo.

20. FILED 9-25-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-23-36, 19, to 9-24-37, 19
I last saw him alive on 9-24, 1937 Death is said to have occurred on the date stated above, at 3:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Decompensation 93C	1 yr
Other contributory causes of importance: Chronic Myocarditis	1 1/2 yr

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) F. L. Loffoon, M. D.
(Address) Raytown Mo.

FEB 1 1945