

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

449 County Jasper Registration District No. 413
Township Missouri Primary Registration District No. 5559C
City St. Joseph Hospital (No. _____) St. _____ Ward _____

File No. 45718
Registered No. 63

2. FULL NAME

Maudie Larson
(a) Residence, No. 7705 Grand St. Ward. Jasper
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. 11 ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 - 1871
7. AGE YEARS 66 MONTHS 3 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newsroom
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1937
22. I HEREBY CERTIFY, That I attended deceased from July 19 1937 to Dec 10 1937
I last saw her alive on Dec 9 1937 Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Neuropteric
Diabetes Mellitus
Other contributory causes of importance: 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
13. NAME William Cerner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Nancy Maria
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Name of operation None Date of _____
What test confirmed diagnosis? Jasper Was there an autopsy? No

17. INFORMANT (ADDRESS) Records
18. BURIAL, CREMATION, OR REMOVAL PLACE Galena Laus DATE 12/10 1937
19. UNDERTAKER (ADDRESS) Baird Undertaking Co Galena Mo
20. FILED Jan 8 1938 Harry Weaver Registrar.

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) Jesse E. Dargatzis, M. D.
(Address) St. Joseph City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

