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.

MAY 25 1936

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

Do not use this space.

16305

File No. 1

Registered No. 1

1. PLACE OF DEATH

County Perry Registration District No. 663

Township St Marys Primary Registration District No. 6881

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Benjamin LaRose

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (~~OR~~) WIFE OF Mary Jane LaRose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 - 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	1	26	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St Genevieve Co (STATE OR COUNTRY) Mo

FATHER

13. NAME John B. LaRose

14. BIRTHPLACE (CITY OR TOWN) St Genevieve Co (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Silvia Harpen

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

17. INFORMANT Ben LaRose (ADDRESS) Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope Cem DATE April 18 1936

19. UNDERTAKER Young & Fenwick (ADDRESS) Perryville Mo.

20. FILED 4 18 1936 Hy J Dewald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936, to April 16, 1936

I last saw him alive on April 15, 1936 Death is said to have occurred on the date stated above, at 5:00 A. m.

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

	Date of onset
Lobar pneumonia	4-7-36
(Acute Sepsis)	

Other contributory causes of importance:

None

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) Jerome J. Bredael, M. D.

(Address) Perryville, Mo.