

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

Do not use this space.

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DEC 23 1927

PLACE OF DEATH

County Oregon Registration District No. 635
Township Myrtle Primary Registration District No. 6277
City Myrtle Mo. (No.) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME Hara Elizabeth Pagnel Looney

(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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. M. 4. COLOR OR RACE whit. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1927, to May 25, 1927 that I last saw her alive on May 17, 1927, and that death occurred, on the date stated above, at 4 0 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Abscess

11/4 (duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY unknown (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 11/4

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) M. R. Phillips, M. D.

, 19 (Address) Myrtle

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Walnut Grove Cemetery 5-26 1927

20. UNDERTAKER ADDRESS

Far Law Myrtle

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3-1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 6 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) no
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Paris Tex. (STATE OR COUNTRY)

10. NAME OF FATHER Homer Pagnel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Nellie Austin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Myrtle Oregon Mo.

14. INFORMANT Flora Looney (Address) Myrtle Mo.

15. FILED 11-28-27 J. F. Underwood REGISTRAR

RECORD OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Certificate of True Copy.

STATE OF MISSOURI

COUNTY OF

Oregon

} ss

I,

J. Jan Cline

Clerk

of the

Circuit

Court in and for said County,

hereby certify the above and foregoing to be a true

Copy of the proceedings of our said

Circuit

Court, on the day and year above written, as the same ap-

pears of record in my office.

Book No. 1 Journal Record at Page 15

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court at my

office in ALTON this the

30

day of

November

1931

Clerk

J. Jan Cline

Circuit

Court

By

D. C.

IN THE JUVENILE COURT OF OREGON
COUNTY, MISSOURI. JANUARY 10, 1925.

STATE OF MISSOURI

VS.

DORA ELIZABETH DAGNALL,
a Minor,

On the petition in writing of John C. Looney and Flora Looney, his wife, of Myrtle, Oregon County, Missouri, filed herein, for adoption of Dora Elizabeth Dagnall; it appears from the petition and evidence adduced that said Dora Elizabeth Dagnall is a female minor child of the age of four (4) years, born November 3, 1920; that the mother of said child, Nellie Dagnall, died January 7, 1922; that the father of said child, Homer Dagnall, whose whereabouts are and have been unknown for several years, has not visited or communicated with it or with any one having its care, and has never directly or indirectly contributed anything to its support, and that he has abandoned his said child, and left her without a home and means of support. The Court finds that petitioners are proper and suitable persons in every way to adopt said child, and are able and willing to care for, support and maintain and educate said minor child, and that they have had the care and support of said child continuously since July, 1921; that said child had a small estate of \$342.00 and odd cents, coming from its mother's inheritance, and no part thereof has been used or demanded by petitioners, but same is deposited in Alton Bank for said child, and that petitioners are kindly disposed towards said child.

Therefore, it is considered, ordered, adjudged and decreed by the Court that the welfare and best interests of said child will be served and promoted by sustaining said petition, which is accordingly done, and the adoption by petitioners permitted and hereby declared, to all intents and purposes in law, and the said child declared the child of John C. Looney and Flora Looney, his wife, and its name changed to Dora Elizabeth Looney.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Oregon Registration District No.
Township Myrtle Primary Registration District No.
City (No.) St. Ward)

File No. 24736
Registered No.

2. FULL NAME Dora Elizabeth Dagnell Looney

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 6 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 .1927

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 9 1927 to May 25 1927

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1920

I last saw her alive on May 19 1927 Death is said to have occurred on the date stated above, at 4:00 am

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 6 22

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

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

Date of onset

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

Abscess on Lung

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Texas

Unknown

13. NAME Homer Dagnell

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Nellie Austin

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) F. C. Roan

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edin Grove, Ark DATE 5/26 1927

Manner of injury

19. UNDERTAKER (ADDRESS) A. P. Carr Thayer Mo.

Nature of injury

20. FILED 5/25 1927 Guclado Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. R. Phillips, M. D.

(Address) Myrtle Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Exact statement of OCCUPATION, if any, must be given in plain terms, so that it may be properly classified.

State of Missouri
County of Oregon ss.

Before me the undersigned Notary Public personally appeared J.C. Looney, who by me being first duly sworn according to ^{law} deposes and says as follows: That the attached supplementary copy of the death certificate of Dora Elizabeth Dagnell Looney is correct; that this certificate corrects mistakes that appeared in the original certificate.

J. C. Looney

Subscribed and sworn to before me this 10, day of Oct. 1931.

T. W. Mesera
Notary Public.

My commission expires: Aug. 20, 1933.