

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

Do not use this space.

27156

1. PLACE OF DEATH

County Jackson
Township P. Paul
City Kansas City, Mo

Registration District No. 399
Primary Registration District No. 116

File No. 50111
Registered No. 5511
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2 Lexington MO 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 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 Dora Loomis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 | 7 | 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rail Road Station Agent
(b) General nature of industry, business, or establishment in which employed (or employer) Agent
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lexington MO
(STATE OR COUNTRY)

10. NAME OF FATHER Albert Loomis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) China
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Elizabeth Selanson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Sweden

14. INFORMANT x Mrs. A. S. Loomis
(Address) Lexington Missouri

15. FILED 95-27 19 27 M. M. Conner REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 19 27

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 19 27, to Sept 5, 19 27, that I last saw him alive on Sept 4, 19 27, and that death occurred, on the date stated above, at 6:12 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
appendical abscess

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED Lexington, Mo
IF NOT AT PLACE OF DEATH, _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 26-27

2 WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy findings
(Signed) J. B. Costello, M. D.

(Address) 1001 Chaucer Bldg
Sept 5, 19 27

*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 Lexington Mo DATE OF BURIAL Sept 5 19 27

20. UNDERTAKER O. V. Mast ADDRESS Kansas City MO

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.

JUL 16 1954