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

Do not use this space.

1212

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 236

City: Kansas City (No. St Marys Hospital St. Ward)

2. FULL NAME Orvin Edward Loose.

(a) Residence. No. 3217 Myrtle St., 14 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 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	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Theo Marie Loose

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7-1865.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	3	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Book keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Fred Harvey.
(c) Name of employer: over 27 yrs.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tiffin Ohio.

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Theo Marie Loose
(Address) 3217 Myrtle

15. Jan 18, 1928 M M. Crowe Registrar
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14. 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1928, to Jan 14, 1928 that I last saw h. ~~[illegible]~~ alive on Jan 14, 1928, and that death occurred, on the date stated above, at 6:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
79A Broncho pneumonia
100A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Cerebrospinal meningitis - pneumococcus (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3217 Myrtle Residence

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Typical Clinical & Laboratory findings

(Signed) R H Durney M.D

1-16, 1928 (Address) 729 Rialto Bldg Kansas

*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
Mt Moriah Cemetery	Jan 18 1928
20. UNDERTAKER	**ADDRESS**
Eylar Funeral Home	1810 Linwood

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.

said take to Lt Marys H.
Monday [illegible]

900 Coco Pola Bldg 12 30 / 1 30 office 2 P.M