

MAR 20 1928

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

8325

~~4425~~

File No. ....  
Registered No. 18 ..  
St. .... Ward ..

## 1. PLACE OF DEATH

County Cooper  
Township ..  
City Boonville (In ..)

Registration District No. 218  
Primary Registration District No. 3015

## 2. FULL NAME

August W. Loring  
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 19<sup>th</sup> 1861

## 7. AGE

66

YEARS

MONTHS

DAYS

If LESS than 1  
day, .... hrs.  
or .... min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) ..

(c) Name of employer ..

## 9. BIRTHPLACE (CITY OR TOWN)

St. Louis Co. Mo.

(STATE OR COUNTRY)

## 10. NAME OF FATHER

Fred Loring

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

## 12. MAIDEN NAME OF MOTHER

Christina Pohlman

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

## 14.

INFORMANT  
(Address)Julius Loring  
Boonville Mo.

## 15.

FILED

Mar 25 1928

REGISTRAR

4

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

March 3<sup>rd</sup> 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from January 3  
1928 to March 3 1928  
that I last saw h. k. alive on March 3 1928, and that  
death occurred, on the date stated above, at Boonville Mo.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of bladder

## CONTRIBUTORY (SECONDARY)

Carcinomatous invasion of region  
pleura with hemorrhagic exudate  
(duration) yrs. mos. da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: ..

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 6 1928WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Question, Clin. exam.  
(Signed) Alvan Cameron, M. D.

(Address) Boonville Mo.

\*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

Lone Elm Lutheran Cem.

## DATE OF BURIAL

March 5 1928

## 20. UNDERTAKER

Schwartzky Meister

## ADDRESS

Boonville

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.

with hemorrhagic exudate