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

Do not use this space.

13378

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 1710

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

City: Kansas City (No. St. Joseph Hospital 002 St. ..... Ward)

2. FULL NAME: Thomas Gray Loughead

(a) Residence. No. 3242 Wabash St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March, 15th, 1904

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 24 | | 0 | 28 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clerical

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

(c) Name of employer: Dahl -Chevrolet Co.

9. BIRTHPLACE (CITY OR TOWN): Cambridge.
(STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: O. L. Loughead

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Wellsberg
(STATE OR COUNTRY): West Virginia

12. MAIDEN NAME OF MOTHER: Ora Boyd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Wellsberg
(STATE OR COUNTRY): West Virginia

14. INFORMANT: O L Loughead
(Address): 3242 Wabash

15. FILED 4-16, 1928 M M Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-13 1928

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1928, to April 13, 1928 that I last saw him alive on 4-13, 1928, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pylephlebitis of portal circulation 191B 1208

117B (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY): acute suppurative appendicitis (duration) ..... yrs. ..... mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-9-28

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Eugene P Hamilton, M.D.

4-16, 1928 (Address)

*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: Memorial Pk — DATE OF BURIAL: 4/15 1928

20. UNDERTAKER: The Taylor Funeral Home — ADDRESS:

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.