

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

Do not use this space
16176

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri Methodist Hospital)

File No. _____
Registered No. 565
St. _____ Ward _____

2. FULL NAME Louise Louden

(a) Residence, No. 1891 & Valley Streets 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>10</u>	<u>1</u>	

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Wallpacke,
(STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER James Saxton

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

12. MAIDEN NAME OF MOTHER Ellissa Edgerton

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

14. INFORMANT L.F. Gingery
(Address) Rushville, MO

15. FILED 5 1928 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1928 to May 5, 1928
that I last saw him alive on May 1, 1928, and that death occurred, on the date stated above, at 2/30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
900
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Mitral Insufficiency, Atherosclerosis, Libellous, Cholesterolosis, Kidney

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH? no

19. DID AN OPERATION PRECEDE DEATH? no DATE May 5, 1928
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms
(Signed) Charles [Signature], M.D.

May 5, 1928 (Address) St. Joseph, 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 Bethel Cemetery DATE OF BURIAL May 6, 1928

20. UNDERTAKER H.C. Siden [Signature] ADDRESS 1802 Mission St

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.

