

N. B.—Every item of information 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.

1928 On Bishop

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

Do not use this space.

18049

1. PLACE OF DEATH

County Piutha Co.
Township Luzerne
City (No. _____) _____

Registration District No. 672 ✓
Primary Registration District No. 5895

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Mary M. Loeb.
(a) Residence. No. R R Highville St. _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 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 (widow) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow Geo G Loeb.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Drake, Cassmade
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Stucker broke

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

12. MAIDEN NAME OF MOTHER Sophie Amalinsk

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

14. INFORMANT Mrs J. W. Hoering.
(Address) 1015 W Broadway

15. FILED _____ 19 _____ REGISTRAR ✓

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1928, to May 7, 1928, that I last saw her alive on May 6, 1928, and that death occurred, on the date stated above, at 8:15 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Interstitial nephritis

CONTRIBUTORY (SECONDARY) 1290

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) M. S. Bishop M. D.
, 19 (Address) Sedalia 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 St. Louis, Mo. DATE OF BURIAL 5/8 1928

20. UNDERTAKER McLain Clin Bur ADDRESS Sedalia

Every new OR Dr. ... should be ... AGS ... PHYSICIANS should also ... OCCUPATION ...

J. T. Evans, Jr.
Director

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis Registration District No. 672 File No.
Township Sheridan Primary Registration District No. 5875 Registered No.
City (No.) St. Ward

2. FULL NAME

Mary M. Loeb
(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 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Werk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED May 8, 1928 J. Evans REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 19 28

17. I HEREBY CERTIFY That I attended deceased from 19, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (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 DATE OF BURIAL
Owensville Mo. 5/8 1928

20. UNDERTAKER ADDRESS
McLaughlin Bros Sedalia

SUPPLEMENTARY

INK... THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARENTS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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