

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

Do not use this space.

20894

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Blair Primary Registration District No. 100
 City Stamps Ar. (No. 428) Tracy St. _____ Ward _____

File No. _____
 Registered No. 2778
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 428 Tracy St., 15 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Thomas N. Lofton</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 15 - 1849</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>7</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 19 28

17. I HEREBY CERTIFY, That I attended deceased from June 1, 19 28, to June 29, 19 28
 that I last saw her alive on June 26, 19 28, and that death occurred, on the date stated above, at 10:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chr Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) 31 (duration) _____ yrs. _____ mos. _____ da.

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? clinical

(Signed) Fred Khyger, M. D.

June 28, 19 28 (Address) 914 medical adv

*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.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ill

10. NAME OF FATHER

Chapel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER

No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) No Record

14.

INFORMANT George Lofton King
 (Address) 4724 Michigan

15.

FILED 6/28 28 M. M. Cronin
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hill

DATE OF BURIAL

6/28/28

20. UNDERTAKER

Mrs C. L. Forster

ADDRESS

City

B. 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.

March 22nd 1914
11:30 PM