

1929 Missouri  
Do not use this space.

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

2272

22 1929  
55  
00

RECORD  
PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

County Lawrence  
Township Circle  
City Prince (No.       )

Registration District No. 471  
Primary Registration District No. 5634

File No. 7  
Registered No. 7  
St.        Ward       

2. FULL NAME

Elizabeth E. Looney

(a) Residence. No.        St.        Ward         
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 - 1839

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 89 11 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work         
(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) Ark =

10. NAME OF FATHER John Russell

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) ab Looney - Prince City, Mo.

15. FILED 2/9, 1929 N. Ross Clark REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929 to Jan 1, 1929 that I last saw her alive on Jan 1, 1929, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia  
11A  
107A (duration) yrs. mos. 4 da.  
CONTRIBUTORY Broncho Pneumonia (SECONDARY) (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED Not at place of death  
DID AN OPERATION PRECEDE DEATH? Jan 1 DATE OF         
WAS THERE AN AUTOPSY? Jan 1  
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. B. Wright M. D. (Address) Prince City, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT INJURIES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Prince City, Mo. DATE OF BURIAL Jan 8 1929

20. UNDERTAKER W. B. Russell Jr. ADDRESS Prince City, Mo.

26

2

2

31

