

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

Do not use this space. 27725

3417

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Raw Primary Registration District No. 1002 Registered No. _____
 City Wassatah 613 Brooklyn St. _____ Ward _____

2. FULL NAME

Carl Loudermilk Jr.
 (a) Residence. No. 613 Brooklyn St. 9 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (or the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11, 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>5</u>	<u>27</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) Kansas City
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Carl Loudermilk

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

12. MAIDEN NAME OF MOTHER Pauline Boyd

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

14. INFORMANT Carl Loudermilk
 (Address) 613 Brooklyn

15. FILED 8/9/29 m m crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1929 to Aug 8, 1929
 that I last saw him alive on Aug 8, 1929, and that death occurred, on the date stated above, at 3:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro-enteritis 119 B
 (duration) _____ yrs. _____ mos. 1 day
 CONTRIBUTORY (SECONDARY) 113 B
 (duration) _____ yrs. _____ mos. _____ ds.

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? Physical findings
 (Signed) Harry C. Lapp, M. D.

Aug 9, 1929 (Address) 1812 Federal Res. Bld. Bldg.

*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 Maple Hill DATE OF BURIAL Aug 10 1929

20. UNDERTAKER A. H. Newcomer ADDRESS Dist R 6 Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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