

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

Do not use this space.

16073

1. PLACE OF DEATH

County Jackson
Township Law
City K. C. Mo. (No. St. Joseph Hospital)

Registration District No. 309
Primary Registration District No. 1000

File No. 1000
Registered No. 1000 Ward

2. FULL NAME Donald Lee Loos

(a) Residence No. 3512 Thompson St. 9 Ward.

(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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-12-30

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
- 3 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(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) Missouri

10. NAME OF FATHER Alde H. Loos

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

12. MAIDEN NAME OF MOTHER Evelyn Smith

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

14. INFORMANT Alde H. Loos (Address) 3512 Thompson

15. FILED 5/8 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-8-1930

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1930, to May 8, 1930 that I last saw him alive on May 8, 1930, and that death occurred, on the date stated above, at 12:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital myocarditis with dilatation
157C (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 157C (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy findings
(Signed) J. B. Brown, M. D. 5/8 1930 (Address) 601 Angell 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 Woodlawn, Indep, Mo. DATE OF BURIAL 5-9-1930

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K. C. Mo.

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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