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.

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

Do not use this space.

18984

1. PLACE OF DEATH
County Cole — Registration District No. 213
Township Osage Bend — Primary Registration District No. 3014
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 173

2. FULL NAME Elizabeth Van Loo
(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 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Wife Pete Van Loo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5, 1865

7. AGE: Years 65 — Months 4 — Days 30 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cole Co. (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Joe Hoefer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Johanna Brunner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Belgium

14. INFORMANT Mrs. H. Einhouse
(Address) J.C. Mo.

15. FILED 8-6, 1930 G. Beaford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1930

17. I HEREBY CERTIFY, That I attended deceased from did not attend her, 19..., to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Had been treated by two other physicians shortly before for cardiac asthma
Symptoms of mitral regurgitation (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (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? symptoms

(Signed) L. A. T. Meyer, M. D.
6/6, 1930 (Address) Jefferson City 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: Folk Mo. — DATE OF BURIAL: 6-6-1930

20. UNDERTAKER: C. P. Heinrichs — ADDRESS: J.C. Mo.