

425

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

Do not use this space.

18820

**1. PLACE OF DEATH**

77 County Lezark Registration District No. 646  
 Township Barren Fork Primary Registration District No. 5836  
 City Wilhoit (No. .... St. .... Ward)

File No. ....  
 Registered No. 4

**2. FULL NAME**

James Marion Loftis  
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/14/1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
71 2 14

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

9. BIRTHPLACE (CITY OR TOWN) Gainesboro  
 (STATE OR COUNTRY) Jackson, Penn.

10. NAME OF FATHER Logan H. Loftis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gainesboro  
 (STATE OR COUNTRY) Jackson, Penn.

12. MAIDEN NAME OF MOTHER Malynda Loftis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gainesboro  
 (STATE OR COUNTRY) Jackson, Penn.

14. INFORMANT James Loftis  
 (Address) Wilhoit Mo

15. FILED May 20, 1931 Miss Riley Harris REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/19 1931

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1931, to May 19, 1931, that I last saw him alive on May 19, 1931, and that death occurred, on the date stated above, at 4:25 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Indigestion  
 (duration) .... yrs. .... mos. 1 ds.

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

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? (1)

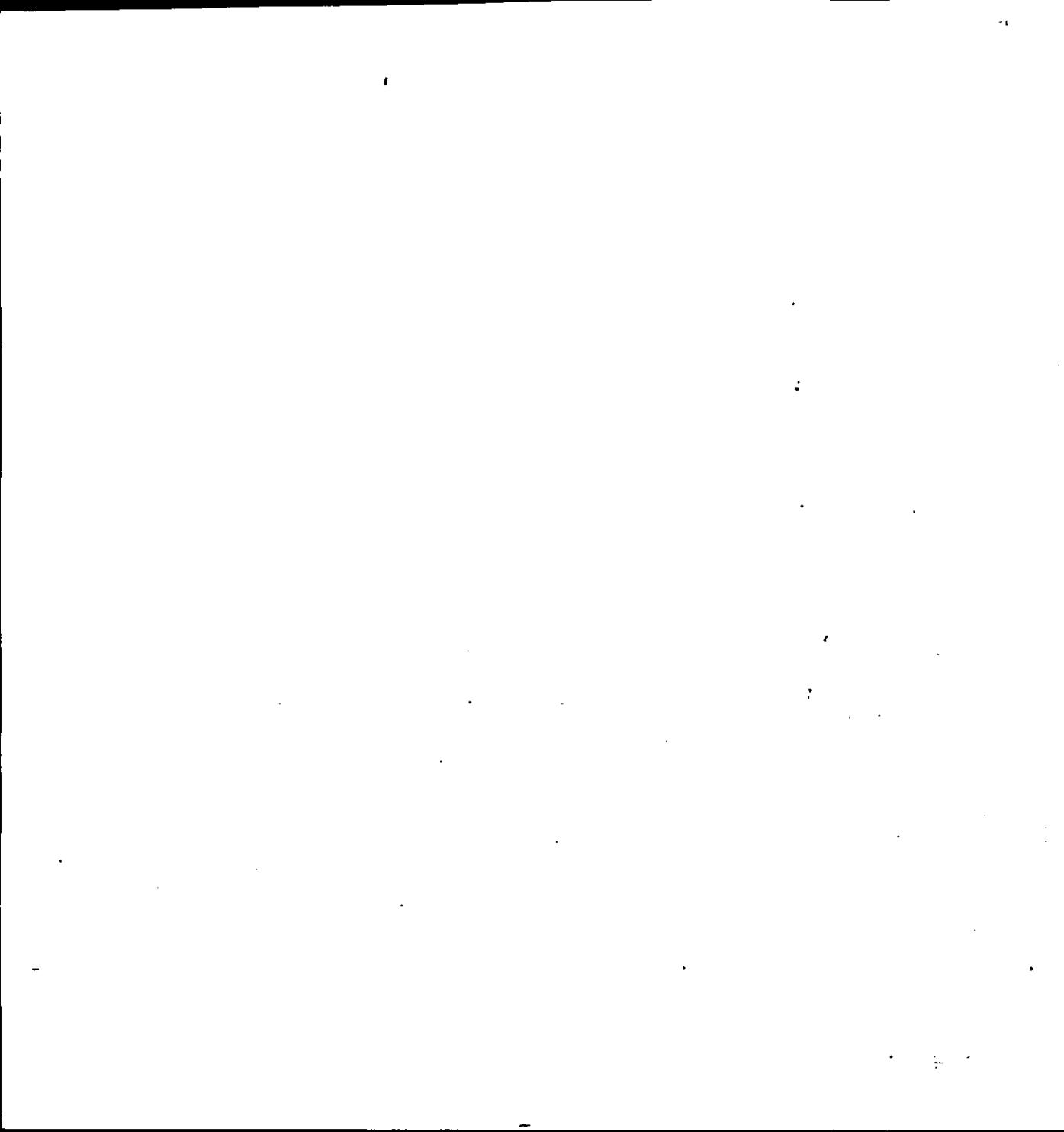
WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. W. Taylor, M. D.  
 , 19 (Address) Almartha, Mo

\*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 Loftis Cemetery DATE OF BURIAL May 20 1931

20. UNDERTAKER W. J. Young ADDRESS Driley, Mo.

JUN 27 1931



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Osark Registration District No. 646 File No. ....  
 Township Berry Fork Primary Registration District No. 5-856 Registered No. 4  
 City (No. ....) St. .... Ward)

2. FULL NAME

James Marion Loggia

(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5-1860

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.  
71 2 14

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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED May 20 1931 Mar. Riley Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/19 19 31

17. I HEREBY CERTIFY, That I attended deceased from 19... to 19... that I last saw him alive on 19... and that death occurred, on the date stated above, at...

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute indigestion  
unknown  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 118  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...  
 DID AN OPERATION PRECEDE DEATH? DATE OF...  
 WAS THERE AN AUTOPSY?...  
 WHAT TEST CONFIRMED DIAGNOSIS?...  
 (Signed) ... M. D.  
 , 19 (Address)

\*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-18720