

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

22197

1. PLACE OF DEATH
 County New Madrid Registration District No. 603
 Township _____ Primary Registration District No. 4357
 City Moorehouse St. _____ Ward _____
 2. FULL NAME James T. Lounias
 (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.

File No. _____
 Registered No. 20
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7 - 1930
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 5 9

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) Bloomfield Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Freeman Lounias
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) Stoddard Co.
 12. MAIDEN NAME OF MOTHER Rebecca Evans
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloomfield
 (STATE OR COUNTRY) Stoddard Co.

14. INFORMANT Freeman Lounias
 (Address) Moorehouse

15. FILED 6-16-31 John G. Parrish
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1931
 17. I HEREBY CERTIFY, That I attended deceased from June 15th 1931, 1931, to June 16th 1931, 1931, that I last saw him alive on June 16th 1931, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intussusception
119B
 (duration) _____ yrs. mos. ds. 6
 CONTRIBUTORY Intussusception
 (SECONDARY) (duration) _____ yrs. mos. ds. _____

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) J. S. Davis, M. D.
6-16-31 (Address) Repton 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 Liberty Cemetery, Bloomfield DATE OF BURIAL 6/17 1931
 20. UNDERTAKER Jno. Parrish ADDRESS Moorehouse 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.

JUL 27 1931

WRITE COMPLETELY WITH UNFADING INK—THIS IS A PERMANENT RECORD

