

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Howe
City H. C. O. C. (No. Take Sid. Hoopst.)

Registration District No. 399
Primary Registration District No. 1008

File No. 1220
Registered No. 258
St. 2 Ward

2. FULL NAME

(a) Residence. No. 5922 Prospect St. 15 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 1 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 13
(c) Name of employer 12

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

PARENTS
10. NAME OF FATHER E. J. Loomore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Caroline Spears
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT John W. Gallamore
(Address) 5922 Prospect

15. FILED Jan 22 1932 M. M. Brown REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21st 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1932, to Jan 21st, 1932 that I last saw h.e. alive on Jan 21st, 1932, and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diffuse peritonitis et acute purulent appendicitis unruptured appendix
(duration) yrs. mos. 2 1/2 ds.

CONTRIBUTORY Chronic Nephritis et Myocarditis (SECONDARY)
Several (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH Home
DATE OF OPERATION PRECEDE DEATH Yes DATE OF Jan 20 - 1932

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical, Lab. & operative findings
(Signed) Alfred E. Linnell D.O., M.D.
1-22-1932 (Address) 612 Chambers Bldg 15th 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 Forest Hill DATE OF BURIAL Jan 22 1932

20. UNDERTAKER Rose & Handman ADDRESS 157 Jackson

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.

