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

Do not use this space.

1687

1. PLACE OF DEATH

58 County Linn — Registration District No. 503

Township Parson Creek — Primary Registration District No. 3669

City Near Meadville (No. ..... St. ..... Ward)

File No. .....

Registered No. 57

2. FULL NAME Adgate Lathrop Loomis

(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 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

FEB 24 1932

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.

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~~ Melissa B. Loomis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4-1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
88	1	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Lebanon 2
(STATE OR COUNTRY) Connecticut

PARENTS

10. NAME OF FATHER Addison Loomis

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

12. MAIDEN NAME OF MOTHER Emily Phillips

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know 31

14. INFORMANT E. A. Loomis
(Address) Meadville Mo

15. FILED 1-8, 1932 E. F. Weir
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 6 1931

17. I HEREBY CERTIFY, That I attended deceased from October, 1930, to Jan 6, 1932, that I last saw him alive on Dec 14, 1931, and that death occurred, on the date stated above, at 9:12 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic absorption from Gangrene of Right foot & leg

9 9 B

9 8 B (duration) yrs. 3 mos. 10 ds.

CONTRIBUTORY (SECONDARY) Endoarteritis obliterans

36 (duration) yrs. 5 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? — (1)

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) J. W. Hardy, M. D

Jan 8, 1932 (Address) Sumner 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: Meadville Mo. January

DATE OF BURIAL: 8 1932

20. UNDERTAKER: Smiley Bros. Meadville Mo

ADDRESS: