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.

MAY 22 1932

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

Do not use this space.

12303

1. PLACE OF DEATH

39 County Greene — Registration District No. 325

Township Walnut Grove — Primary Registration District No. 5450

City ~~Walnut Grove Rd~~ No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Charley Thomas Looney

(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 44 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~~ Francis Gelliam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-13-1874

7. AGE — YEARS: 57 — MONTHS: 3 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer - 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER

13. NAME William Looney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas 2

MOTHER

15. MAIDEN NAME Malisa Strong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Mrs. Francis Gelliam Walnut Grove Mo R3

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lawn DATE April 26 1932

19. UNDERTAKER (ADDRESS) Brim Funeral Home

20. FILED April 26, 1932 L E McClelland Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to April 24, 1932

I last saw him alive on March 21, 1932. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy. 132

Date of onset

Other contributory causes of importance:

Atheromatous Arteries

Brights Disease.

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. B. Smith, M. D.

(Address) Walnut Grove - Mo -