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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 18746

Township — Primary Registration District No. 1001 — Registered No. 581

City St. Joseph (No. 108 E. Buffalo St. Ward)

2. FULL NAME Dora Irene Lofts

(a) Residence, No. 108 E. Buffalo St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 Fehrman Lofts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1910

7. AGE: YEARS 22 — MONTHS 0 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

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) St. Joseph Missouri 1

FATHER

13. NAME Oscar Massa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa 2

MOTHER

15. MAIDEN NAME Maggie Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Fehrman Lofts 108 E. Buffalo St.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park DATE June 18 1932

19. UNDERTAKER (ADDRESS) Fred Clark 5025 King Hill Av.

20. FILED 6-15-32 19 John R. Bondu Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1932 19

22. I HEREBY CERTIFY, That I Viewed attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Embolism of Lungs following delivery of baby — Date of onset

148 140 1 COR

Other contributory causes of importance: none

5

Name of operation none Date of

What test confirmed diagnosis? History Was there an autopsy? no

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? no

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) 821 Francis

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.

MARGIN RESERVED FOR BINDING

JUL 21 1932