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.

AUG 25 1932

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

Do not use this space.

23733

1. PLACE OF DEATH
84 County Polk
2 Township ~~Marion~~
6 City Bolivar (No. ..... St. ..... Ward)

Registration District No. 701
Primary Registration District No. 4422

File No. .....
Registered No. 35

2. FULL NAME Julia Ann Looney

(a) Residence, No. Bolivar Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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 James Looney.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1843

7. AGE: YEARS 88 MONTHS 8 DAYS 27. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper.
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) Ill.

FATHER
13. NAME Wilson Moore.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Lydia Harris.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) W. R. Hawkins 506 So Florence Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slaughter Cem DATE July 24, 1932

19. UNDERTAKER (ADDRESS) Wm. Erwin Mond Bolivar Mo

20. FILED 8-24-1932 J. F. Robert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1932, to 7-23, 1932

I last saw her alive on 7-22, 1932 Death is said to have occurred on the date stated above, at 1 P m.

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

	Date of onset
Chronic myocarditis heart failure	1 year

Other contributory causes of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Doyle C McCraw, M.D.
(Address) Bolivar Mo