1865

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

Do not use this space.

FILE No. 35161

Registered No. 12

1. PLACE OF DEATH

County: Vernon

Registration District No.: 871

108 Township: Osage

Primary Registration District No.: 6185

City: ~~Carson Chat~~ (No. ..... St. ..... Ward)

2. FULL NAME: Antony Loth

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

AUG 29 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ (write the word)
Male	White	Single

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF (OR) WIFE OF~~ Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1865-2-27

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	5	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant 171
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgium 4

PARENTS

10. NAME OF FATHER: Louis Loth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Belgium

12. MAIDEN NAME OF MOTHER: Joan Kennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Belgium

14. INFORMANT: Mrs. Ellen Loth Pratt
(Address): Rich Hill Mo

15. FILED Aug 2, 1932 C. H. Musser M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 31 1932

17. I HEREBY CERTIFY, That I attended deceased from June 28 1932 to June 31 1932 that I last saw h. alive on June 31 1932 10 pm, and that death occurred, on the date stated above, at 10 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis 5 D

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED: 1

IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible], M. D.

Aug 1, 1932 (Address) Rich Hill 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: Greenlawn Cemetery — DATE OF BURIAL: 8-3 1932

20. UNDERTAKER: H E Bangham Rich Hill — ADDRESS: Rich Hill MO

All items 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.