

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

Do not use this space.

38714

**1. PLACE OF DEATH**

15 County Clayton Registration District No. 121  
Township Warren Primary Registration District No. 5773  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 7  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Clyde Mack Looney  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-18-1932</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>2</u>	<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
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) <u>Cassidy Co. Mo.</u>		
13. NAME <u>Acel Looney</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>		
15. MAIDEN NAME <u>Edith Brudlow</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>		
17. INFORMANT (ADDRESS) <u>Acel Looney</u> <u>Desaturnville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cemetery</u> DATE <u>12-9</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>none</u>		
20. FILED <u>12-10</u> 19 <u>32</u> <u>Mrs. E. C. Clark</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1932 to 12-9, 1932  
I last saw him alive on 12-7, 1932. Death is said to have occurred on the date stated above, at 6.0 p. m.  
The principal cause of death and related causes of importance were as follows:  
mal-nutrition and lack of care  
158  
1948  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

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) E. C. Clark, M. D.  
(Address) Desaturnville

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.

7 1933

