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

Do not use this space.

1. PLACE OF DEATH
County Ozark — Registration District No. 920 — File No. 40946
77 Township Jasper — Primary Registration District No. 5859 — Registered No. 3
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Vernning Leon Loftis
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1st 1932

7. AGE — YEARS: — MONTHS: — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Theodosia
(STATE OR COUNTRY) Ozark Co Mo

PARENTS
10. NAME OF FATHER Raymond Loftis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ozark Co Mo
12. MAIDEN NAME OF MOTHER Verda Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Theodosia
(STATE OR COUNTRY) Ozark Co Mo

14. INFORMANT Verda Johnson Loftis
(Address) Theodosia Mo

15. Filed Dec 15, 1932 Mary F. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1932

17. I HEREBY CERTIFY that I attended deceased from No medical aid ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, about 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cause of death unknown found it dead in the bed
2 00 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 2 00 B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No medical
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Verda Johnson, M.D.
Dec 15, 1932 (Address) Theodosia 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: Isabella Cemetery — DATE OF BURIAL: Dec 21 1932

20. UNDERTAKER: Harley McCullough — ADDRESS: Isabella Mo

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 27 1932