

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

Do not use this space.

16470

1. PLACE OF DEATH

County JACKSON Registration District No. 309
 Township KAW Primary Registration District No. 1002
 City KANSAS CITY (No. 5805 - HARRISON) St. _____ Ward _____

File No. _____
 Registered No. 7456

2. FULL NAME MRS. CLARA LOESCH

(a) Residence, No. 5805 - HARRISON St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-29-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 6

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

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) HUMBOLDT
 (STATE OR COUNTRY) KANSAS

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY)

15. MAIDEN NAME UNKNOWN ORTH

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY)

17. INFORMANT MRS. GEORGE G. WHEAT
 (ADDRESS) 5805-HARRISON ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE MAY-8 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS
 (ADDRESS) 2111 EAST 9TH ST.

20. FILED May 5 33 M.M. Carrow
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-5 1933

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1930, to May 4th 1933

I last saw her alive on May 4th 1933. Death is said to have occurred on the date stated above, at 12:10 A.M.

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

Cerebral apoplexy
820
820
 Other contributory causes of importance:
Apoplexy, left side
probably since July 1930

Date of onset about 1-33

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) Thomas Pittman, M. D.

(Address) 830 Professional Bldg

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.

Mr. J. Thomas Pittam
830 Professional Bldg.
10-4:30