

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

Do not use this space.

20572 ⁵

1. PLACE OF DEATH

75 County Oregon
Township Myrtle
City..... (No.....)

Registration District No. 635
Primary Registration District No. 6277

File No.....
Registered No. 5 St. Ward)

2. FULL NAME

John C. Looney

(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 5 1/2 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Arkansas

13. NAME Wm. Looney

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

15. MAIDEN NAME Artie Bailey

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

17. INFORMANT Mrs Looney

18. BURIAL, CREMATION, OR RECOVERY Walter Home Co. June 14 1933

19. UNDERTAKER L. W. Meyer

20. FILED June 16 1933 J. F. Underwood

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1933
22. I HEREBY CERTIFY That I attended deceased from June 23 1931 to June 14 1933
I last saw him alive on June 8 1933 Death is said to have occurred on the date stated above, at 1-30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritic
131
Other contributory causes of importance: 131
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 Chronic Nephritic
(Signed) L. W. Meyer, M. D.
(Address) Meyer Mo.

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.

JUL 28 1933

1 29 29 1

