

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

Do not use this space.

22473

1. PLACE OF BIRTH

County..... Haldwell
Township..... Stammler
City..... Hamilton (No.....)

Registration District No..... 96
Primary Registration District No..... 4058

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME

George A. Looney
(a) Residence. No.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Sarah Looney

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 14 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

8

28

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

Laborer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

New York

PARENTS

10. NAME OF FATHER

James Looney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Emma M. Looney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

14.

INFORMANT
(Address)

W. D. Looney, Jr.

15.

FILED July 29, 1933

Irene Kemper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

July 12 1933

17. I HEREBY CERTIFY That I attended deceased from July 12, 1933 to July 12, 1933 that I last saw him alive on July 12, 1933, and that death occurred, on the date stated above, at 11:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

94H

97

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Atherosclerosis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. M. Deary, M. D.

, 19 (Address) Hamilton

*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

DATE OF BURIAL

Beechwoods

July 13 1933

20. UNDERTAKER

ADDRESS

Mrs. Nellie L. Taylor
Hamilton, 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 22 1933

Handwritten scribbles and marks, possibly initials or a signature.

Small handwritten mark or signature in the bottom right corner.