

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

SEP 20 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1007  
City Kansas City, Mo. (No. 9) St. Lukes Hospital Ward.

File No. 29508  
Registered No. 3925  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Baby Richard Loukota

(a) Residence, No. 4342 Rockhill Road 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 <u>Mail</u>	4. COLOR OR RACE <u>White</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>June 28, 1934</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>1</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Missouri.

13. NAME Douglas H. Loukota

14. BIRTHPLACE (CITY OR TOWN) Chicago,  
(STATE OR COUNTRY) Ills.

15. MAIDEN NAME Marjorie Buckland

16. BIRTHPLACE (CITY OR TOWN) Hebron  
(STATE OR COUNTRY) Ohio

17. INFORMANT Douglas H. Loukota  
(ADDRESS) 4342 Rockhill Road

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Columbus, Ohio DATE Aug. 23, 1934

19. UNDERTAKER R. V. Lindsey & Sons  
(ADDRESS) 2811 Broadway

20. FILED 8/22 1934 M. M. Ginn  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Pathologist to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

15 1/2 hrs  
12 1/4 hrs  
107 min  
Broncho-pneumonia 15 1/2 hrs 1 day

Other contributory causes of importance:  
P. thrapisia - Eutame parietum

Fatty degeneration of the liver

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.  
(Address) [Address]

