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

MAR 20 1935

Do not use this space.

File No. 4425
Registered No. 192

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph, Mo., (No. 821 No. Fifth St. Ward)
No Mill Hosp.

2. FULL NAME Frank J. Loomis

(a) Residence, No. 821 No. Fifth St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman
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): Pontiac Mich.

FATHER

13. NAME: Orval Loomis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mich.

MOTHER

15. MAIDEN NAME: Clara –
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mich.

17. INFORMANT (ADDRESS): Mrs. Frank Loomis 821 No 5th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Auburn DATE: Feb. 14, 1935

19. UNDERTAKER (ADDRESS): FLEEMAN MORTUARY, INC.

20. FILED: FEB 13 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to Feb 12, 1935
I last saw him alive on Feb 11, 1935. Death is said to have occurred on the date stated above, at 4:25 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	2-8-35

Other contributory causes of importance:
Chronic nephritis
Coronary sclerosis
Hypertension
Prostatic obstruction

Name of operation: — Date of:
What test confirmed diagnosis? Findings. Was there an autopsy? No

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) W. W. Carl, M. D.
(Address) 301 Bess Bldg.

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.