

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

Do not use this space.

APR 1 7 1935

8845

1. PLACE OF DEATH

County Greene
Township Campbell
City Springfield

Registration District No. 318

File No. 162

Primary Registration District No. 3440

Registered No. U.S. Government Medical Center

(No. U.S. Government Medical Center St. Ward)

2. FULL NAME LOONEY, Henry

(a) Residence, No. St. Ward. Ashland, Kansas
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 7 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. butcher
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland, Kansas

FATHER 13. NAME Andrew Looney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

MOTHER 15. MAIDEN NAME Jane White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

17. INFORMANT deceased
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL - "Eastlawn"
PLACE Springfield, Mo. - DATE Mar. 19 1935

19. UNDERTAKER Alma Lohmeyer Funeral Home
(ADDRESS) Springfield, Missouri

20. FILED 3-20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1933, to March 18 1935

I last saw h. im alive on March 18 1935 Death is said

to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance: 34
Sepsis
Syphilis, tertiary
Aortic aneurysm

Name of operation X Date of X

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? NO

If so, specify

(Signed) L. E. Burney, Asst. Surgeon M. D.
(Address) Clinical Director, Medical Center
Springfield, Missouri

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.

