

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

Do not use this space
6267
10:30

1. PLACE OF DEATH MAR 21 1936
 County Jackson Registration District No. 30
 Township Kaw Primary Registration District No. 1
 City Kansas City, Mo. (No. Menorah Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Bertha E. Loomis
 (a) Residence, No. Hickman Mills, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Loomis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) Don't know
 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT Mr. Bert Whaley (ADDRESS) Hickman Mills, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Local Files DATE 3-2-36
 19. UNDERTAKER H. V. Lindsey & Sons (ADDRESS) 3311 Broadway
 20. FILED 2-29-36 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1936 to Feb 28, 1936
 I last saw her alive on Feb 28, 1936 Death is said to have occurred on the date stated above, at 2:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
Hypertension
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) Anahaa Sophia, M. D.
 (Address) _____

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.

D. Joyner

2-4

Prof. Joyner