

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

Do not use this space.

7276

1. PLACE OF DEATH

County Ralls  
Township Clay  
City x (No. x)

Registration District No. 728  
Primary Registration District No. 596d

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

2. FULL NAME

John Henry Loehrke  
(a) Residence, No. Clayton Ralls Co. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Loehrke  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 15, 1880  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Ralls County Missouri

13. NAME Edward Loehrke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Ann Klintworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County Missouri

17. INFORMANT (ADDRESS) August G. Loehrke Shelby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barley Newlands DATE Feb 6, 1936

19. UNDERTAKER (ADDRESS) Wm H. Smith 902 13th St Hannibal, Mo

20. FILED Feb 10, 1936 Marion Short Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1936

22. HEREBY CERTIFY, That I attended deceased from Jan 27, 1936, to Feb 4, 1936  
I last saw him alive on Feb 4, 1936 Death is said

to have occurred on the date stated above, at 11:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Tuber. pneumonia (Best days duration) 11/28/36  
108

Other contributory causes of importance Multiple sclerosis Check 4/1/37

Name of operation no 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? no 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) D. C. Hopkins, M.D.  
(Address) 202 N. 4 St Hannibal, Mo.

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.

