

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

Do not use this space.

18708

1. PLACE OF DEATH

County Butler
Township Ashhill
City (No.) (No.) St. (No.) Ward (No.)

Registration District No. 91
Primary Registration District No. 2154 R

File No. _____
Registered No. _____

2. FULL NAME

Madge Looney

(a) Residence, No. 2 1/4 Mc W. Duden Mrs.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to Mar 27, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1907

I last saw h. alive on Mar 27, 1936 Death is said to have occurred on the date stated above, at 12 M

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 28 9 28

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 _____

Tuberculosis of lungs
Date of onset _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo

Name of operation _____ Date of _____

FATHER 13. NAME Jeff Cooper

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Jess Looney R #1 Duden Mrs

18. BURIAL, CREMATION, OR REMOVAL PLACE Duden Cem DATE May 24, 1936

19. UNDERTAKER (ADDRESS) N. T. Phelps Paplar Bluff Mo

20. FILED _____ 19 _____ Registrar _____

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 J. W. [Signature], M. D. (Address) Paplar Bluff, 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.

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