

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.

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

Do not use this space.

1. PLACE OF DEATH ^{SEP 21 1936}
 County Cape Girardeau, Registration District No. 155
 Township Cape Girardeau Primary Registration District No. 3009 File No. 30172
 City Cape Girardeau (No. St Francis Hospital.) Registered No. 298 St. _____ Ward _____

2. FULL NAME Mary Looney.
 (a) Residence, No. 18 Rear So Benton St. St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1877.

7. AGE YEARS 58. MONTHS 8. DAYS 15. If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.
 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) Zalma Mo.

FATHER
 13. NAME Thomas M. Summers.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Viana Ill.

MOTHER
 15. MAIDEN NAME Caroline Mitts.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill Mo.

17. INFORMANT Harvey Looney.
 (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Present Grove Cemt Aug. 24, 1936

19. UNDERTAKER Haman's Funeral Home.
 (ADDRESS) Cape Girardeau Mo.

20. FILED 8-22-36 J.M. Thompson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Cape Girardeau, Mo. Aug 22, 1936 to Cape Girardeau, Mo. Aug 22, 1936
 I last saw her alive on Cape Girardeau, Mo. Aug 22, 1936 Death is said to have occurred on the date stated above, at 9 AM. m.
 The principal cause of death and related causes of importance were as follows:
Cardiac Arrest
 Date of onset _____

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J.M. Thompson _____, M. D.
 (Address) Cape Girardeau Mo

