

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

Do not use this space.

JAN 20 1938

1. PLACE OF DEATH

County Mason Registration District No. 547
 Township Mason Primary Registration District No. 3079
 City Hannibal (No. Leveing Hospital) St. _____ Ward _____

File No. 46012

Registered No. 360

2. FULL NAME Alice Gould Loomer

(a) Residence, No. 301 N. 5th 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles W. Loomer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-9-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
81 10 3

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

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) Galena Kansas

13. NAME C. C. B. Gould

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Florence Overstreet
 (ADDRESS) 301 N. 5th Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cherokee City, Mo DATE Dec. 13-1937

19. UNDERTAKER James O. Blount
 (ADDRESS) Hannibal, Mo.

20. FILED Dec 23, 1937 W. C. Fisher
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9th. 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1937, to 12-9 1937

I last saw h. l. alive on 12-9 1937 Death is said

to have occurred on the date stated above, at 9:45 a.m.

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

Fracture right femur (fresh);

Date of onset 7-9-37

Other contributory causes of importance:

Coronary sclerosis
Coronary atherosclerosis

1935
12-9-37

Name of operation None Date of _____

What test confirmed diagnosis? X-ray 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? No

If so, specify _____

(Signed) Howard C. Cook, M. D.

(Address) 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.

WHILE FILING WITH WRAPPING MATERIALS IS A PERMANENT RECORD

194B1

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

46012
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township _____ Primary Registration District No. 3029 Registered No. _____
 (c) City Hannibal (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice Gould Romin

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 10 3

8. Trade, profession, or particular kind of work done, as sawycr, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to... 19...

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

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

Fracture of rt. femur

Date of onset

Other contributory causes of importance

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? Accident Date of injury 7-9, 1937

Where did injury occur? Hannibal, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at home on front porch

Manner of injury Slipped and fell on porch

Nature of injury Fracture neck of femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard Goodrich, M. D.

(Address) Hannibal, Mo

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

