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

REC'D MAY 18 1938

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Do not use this space.

14161

1. PLACE OF DEATH

County Butler — Registration District No. 92 — File No.

Township Gillis Bluff — Primary Registration District No. 5137 — Registered No.

City Fagus (No. , St. Ward)

2. FULL NAME Dorman "Baby" Looney 500

(a) Residence, No. Fagus, Mo., Gen. Del. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	—			

OCCUPATION

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

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) Fagus, Mo. Gen. Del.

FATHER

13. NAME William Odis Looney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zalma, Mo.

MOTHER

15. MAIDEN NAME Nora Gilliand

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zalma, Mo.

17. INFORMANT (ADDRESS) Mrs Odis Looney Fagus Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oulin DATE Feb 12 1938

19. UNDERTAKER (ADDRESS) None

20. FILED 4/10/38 19 Scott Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1938, to Feb. 11, 1938

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3 30 A. m.

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

	Date of onset
Stillborn	

Other contributory causes of importance:
Cause undetermined

Name of operation Date of

What test confirmed diagnosis? Clinical 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) Chester Harwell, M. D.

(Address) Poplar Bluff, Mo.

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