

REC'D MAY 20 1938

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

15152
Do not use this space.

1. PLACE OF DEATH
 (a) County Dempsey Registration District No. 496
 (b) Township Brookfield Primary Registration District No. 3075 Registered No. 35
 (c) City Brookfield (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 46 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Loque
 (a) Residence, No. 625 Market St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Birdie Loque
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-15-1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 6 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Bridge Carpenter
 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) Rockhaven Pa

FATHER
 13. NAME Thomas Alfred Loque
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockhaven Pa

MOTHER
 15. MAIDEN NAME Mary Fritz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockhaven Pa

17. INFORMANT (ADDRESS) Mrs R. Chrisman Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE April 24 1938

19. FUNERAL DIRECTOR (ADDRESS) 1611 General Chapel

20. FILED May 10 38 Brookfield Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-22-1938

22. I HEREBY CERTIFY, that I attended deceased from July, 1937 to April 21, 1938
 I last saw him alive on April 21, 1938. Death is said to have occurred on the date stated above, at 1:40 P m.

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

Uremia

Date of onset
4/1/38

Other contributory causes of importance:
Chronic interstitial nephritis

Name of operation none Date of _____

What test confirmed diagnosis? Chemical 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) W. T. Brown, M. D.

(Address) Brookfield, Mo.

STATEMENT BY LICENSED EMBALMER

I, J. M. Blacklock, Licensed Embalmer No. 2246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed J. M. Blacklock
Licensed Embalmer No. 2246

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)