REC'D JUN 24 1938

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

Do not use this space.

19664

File No.

Registered No. 11

1. PLACE OF DEATH

County Scott

Township

City Chaffee Mo. (No. , St.) (Ward)

Registration District No. 816

Primary Registration District No. 4492

2. FULL NAME John Henry Loucks 200

(a) Residence, No. 205 Helen St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Clara Loucks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 5 1895

7. AGE: Years 42 | Months 7 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Section Lbr.

10. Date deceased last worked at this occupation (month and year): May 1938

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pinkneyville Illinois

FATHER

13. NAME: Jim Loucks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pinkneyville Ill.

MOTHER

15. MAIDEN NAME: Manda Story

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Illinois

17. INFORMANT (ADDRESS): Mrs. J. H. Loucks Chaffee Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE U. P. Cem. Chaffee Mo. DATE May 13-38

19. UNDERTAKER (ADDRESS): Stubbs Funeral Home Chaffee Missouri

20. FILED 5 12 1938 W. O. Finney Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 8 1938, to May 11 1938

I last saw him alive on May 11 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

	Date of onset
1 Acute Myocarditis with probable coronary embolus.	?
Focal Infection	
Pneumonia Death.	

Other contributory causes of importance:

Chronic Cystitis	
Focal Infection	
Tonsil teeth.	

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? No

If so, specify

(Signed) J. A. Gamble M. D.

(Address) Chaffee Mo.

725

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 7 1950