

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

Do not use this space.

1. PLACE OF DEATH

County Butler

Township

City Poplar Bluff

Registration District No. 89

Primary Registration District No. 3007

(No. Poplar Bluff, Hospital

File No.

Registered No. 42490
253

St.

Ward)

2. FULL NAME James Allen Losh

(a) Residence, No. 519 N Sixth St., St., Ward. Poplar Bluff, Mo.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

XXXXXXXXXXXXXXXXXXXX

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

Dec 19-1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

STILLBORN,

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)

Poplar Bluff Missouri

FATHER MOTHER

13. NAME

Robert L. Losh

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

Unknown Missouri

15. MAIDEN NAME

Lula Miller

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

Unknown Missouri

17. INFORMANT (ADDRESS)

Robert L. Losh Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Marble Hill Cem,

PLACE Poplar Bluff, Mo. DATE Dec 20-1938

19. UNDERTAKER (ADDRESS)

Frank Und Co. Poplar Bluff, Mo.

20. FILED

12/20

1938

Blattinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20-1938 1938

22. I HEREBY CERTIFY, That I attended deceased from

Dec 20, 1938, to Dec 20, 1938

I last saw h..... alive on Dec 20, 19..... Death is said

to have occurred on the date stated above, at 8:30 A.M.

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

Still born
Chromosomal Abnormalities
placenta

Date of onset

Other contributory causes of importance:

Name of operation

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?

If so, specify

(Signed)

W. B. Brooker M. D.
Poplar Bluff, Mo.

(Address)

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

