

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

Do not use this space.

15575

1. PLACE OF DEATH
 County Plain Registration District No. 2 File No. _____
 Township Winnesh Primary Registration District No. 4004 Registered No. 8
 City Novinger, MO St. _____ Ward) _____
 2. FULL NAME John Looch
 (a) Residence, No. _____ 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 M. 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 Lenora Looch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 1 24

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) Mo. Looch

MOTHER FATHER 13. NAME Thomas Looch

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

15. MAIDEN NAME Eara May

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

17. INFORMANT Mrs. Louis Ahrend (ADDRESS) 15 Shelby St. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Novinger Cemetery DATE 5/12/33

19. UNDERTAKER (ADDRESS) Llewellyn J. Novinger Novinger MO

20. FILED May 12, 1933 J.S. Gachwiler Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1933

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:

Strangulation
1940
1940
45

Other contributory causes of importance:
Epileptic Spasm

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? _____
 If so, specify _____
 (Signed) D.E. Riley Coroner
 (Address) Kennett MO

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

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.

JUL 20 1933

