

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

Do not use this space.

40728

1. PLACE OF DEATH

County Monroe

Registration District No. 571

Township Waller

Primary Registration District No. 5769

City _____ (No. _____)

File No. 10700

Registered No. 58

St. _____ Ward _____

2. FULL NAME

(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 5 25

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

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) Ill

13. NAME Joseph C. Lounger

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

15. MAIDEN NAME Margaret Failes

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

17. INFORMANT (ADDRESS) Claud C. Lounger
California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Ream DATE 12/23/34

19. UNDERTAKER (ADDRESS) William F. Friedman
California Mo

20. FILED 12/22 1934 Jas M. Roth
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 22 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 12 - 21 - 1932 to 12 - 22 - 1932

I last saw him alive on 12 - 21 - 1932 Death is said

to have occurred on the date stated above, at 4 m.

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

Influenza and slight
Lobar Pneumonia

Other contributory causes of importance: Weak Heart

Name of operation Tome 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) H. R. Popejoy, M. D.

(Address) California Mo.

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

