

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.

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

Do not use this space.

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. St. Luke's Hospital)  
 File No. 31292  
 Registered No. 3589  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ralph F. Lozier, Jr. 260  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Carrollton, 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

MEDICAL CERTIFICATE OF DEATH

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 Malie Tomlin Lozier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1896

7. AGE YEARS 42 MONTHS 8 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. Farm  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator  
 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. 0

FATHER  
 13. NAME Ralph F. Lozier 0  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

MOTHER  
 15. MAIDEN NAME Jawa Crothers  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa

17. INFORMANT (ADDRESS) Ralph F. Lozier, Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, Mo. DATE Sept. 14, 1938

19. UNDERTAKER (ADDRESS) Stine & McClure, Kansas City, Missouri

20. FILED Sept 13, 1938 M. M. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1938, to September 12, 1938  
 I last saw him alive on Sept. 12, 1938. Death is said to have occurred on the date stated above, at 1 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Congenital intraventricular septum defect of heart Date of onset Birth  
 Other contributory causes of importance:  
Subacute bacterial Endocarditis 1938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Exam Was there an autopsy? yes

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) P. T. Bohan, M. D.  
 (Address) 315 Alameda Road, Kansas City, Mo.

