

JAN 23 1929

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

Do not use this space.

39642

1. PLACE OF DEATH
 Com. Callwell Registration District No. 92
 Township Brazos Primary Registration District No. 4055
 City Brazoria (No.) St. Ward)

2. FULL NAME Fannie Loomer
 (a) Residence. No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 63 yrs. 6 mos. 8 da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
 Registered No. ~~4055~~ 25

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX fe. 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
63 6 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1928
 17. I HEREBY CERTIFY That I attended deceased from April 1925 to Dec 17 1928 that I last saw her alive on Dec 16 1928, and that death occurred, on the date stated above, at 9100a a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Breast
50 (duration) 4 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 47 (duration) 1 yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) May Co, Mo (STATE OR COUNTRY)

10. NAME OF FATHER Mike Loomer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Jane Moad

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 25 1928
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS (Signed) Arthur B. Hoover M.D.
Dec 19 1928 (Address) Brazoria Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT James Loomer (Address) Brazoria Mo

15. FILED Dec 17 1928 H. F. Pitterson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Black Oak Cem. DATE OF BURIAL 12/17/28
 20. UNDERTAKER B. F. Merrill ADDRESS Mo, Brazoria

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 IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1000-6-8

630-6-8