

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

Do not use this space.

10287

APR 25 1935

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) County Home (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Chas. Lovey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 3 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1935
 22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1935 to Mar 27, 1935
 I last saw her alive on Mar 30, 1935 Death is said to have occurred on the date stated above, at 4:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Smear 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) E. E. Day, M. D.
 (Address) Richmond

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orick Mo
 MOTHER 13. NAME Not known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known
 15. MAIDEN NAME Anna Mills
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky
 17. INFORMANT Sallie Odell (ADDRESS) Orick Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rife Cemetery DATE Mar 29, 1935
 19. UNDERTAKER (ADDRESS) E. E. Day Richmond Mo
 20. FILED 4-10 1935 E. E. Day Registrar.

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.

