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

Do not use this space. 15603

1. PLACE OF DEATH
County Lafayette Registration District No. 466 File No.
Township Clay Primary Registration District No. 4622, C Registered No. 16
City (No. St. Ward)

2. FULL NAME Eugene Vera Lovelace
(a) Residence. No. 410 South Jackson St. K.C. Mo. 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-21-1902.
7. AGE YEARS 24 MONTHS 8 DAYS 26. If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Rosdale
(STATE OR COUNTRY) Kansas
PARENTS
10. NAME OF FATHER Alfred James Lovelace
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Montreal.
12. MAIDEN NAME OF MOTHER Minnie Nobs.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Switzerland.
14. INFORMANT R. Lovelace
(Address) 410 Jackson Ave K.C. Mo.
15. FILED May 18, 1927 F. W. Mann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1927
17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at ....m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Fractured Scull. Caused by an automobile accident near Odessa Mo.
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) 188C
(duration) ....yrs. ....mos. ....ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Cope Coroner M.D.
May 17, 1927 (Address) Lexington 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.
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Washington K.C. Mo. DATE OF BURIAL 5/19 1927
20. UNDERTAKER Bliss Hons ADDRESS Odessa Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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