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.

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

Do not use this space.

30553

File No. 4060

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City, Mo. (No. 53rd & Highland Ave. Home for the Aged St. Ward)

2. FULL NAME: Thomas Lovell

(a) Residence. No. 53rd & Highland St., Ward.

(Usual place of abo[illegible]me for the Aged (If nonresident give city or town and State)

Length of residence in city or town w[illegible] death occurred yrs. mos. How long in U.S., if of foreign birth? yrs. mos. ds.

53

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Anna Lovell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 13, 1849

7. AGE: Years 78 — Months 9 — Days 13 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: William Lovell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown / unknown

12. MAIDEN NAME OF MOTHER: unknown

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

14. INFORMANT: Sr. Marie Auguste, Sup. Little Sisters (Address) 53rd & Highland Ave (of the Poor)

15. FILED 10/27, 1927 M. M. Osborne, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10 — 26 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-23-27, 19, to 10-26, 1927, that I last saw him alive on 10-26-, 1927, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cyanosis

829

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): 7401

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Alson Hewitt-Rowit M. D.

10/27, 1927 (Address) 1634 Argyle Bldg.

*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: Elmwood Cemetery — DATE OF BURIAL: Oct 28 1927

20. UNDERTAKER: Lurk and Robin - 20 N. — ADDRESS: Lenwood