

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.

JAN 4 1927

**MISSOURI STATEBOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

33322

1. PLACE OF DEATH  
 County Holt Registration District No. 372  
 Township Benton Primary Registration District No. 5578  
 City Waverly No. 1 St. 1 Ward 1

2. FULL NAME Mary Jane Lovell  
 (a) Residence (No. 1 Ward 1)  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 20<sup>th</sup> 1850

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>1</u>	<u>9</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House work  
 (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) Holt Sp. Mo.

10. NAME OF FATHER Edward Butler

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

12. MAIDEN NAME OF MOTHER Lulu Allison

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

14. INFORMANT Mrs. Dan Babush  
 (Address) Mound City Mo.

15. FILED 12-1-27 REGISTRAR J. C. Geary

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1927, to Nov 29, 1927, that I last saw h. in alive on Nov 29, 1927, and that death occurred, on the date stated above, at 11 am

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Septicemic infection  
intracranial abscess  
12015  
9153 (duration) yrs. mos. 2 ds.  
 CONTRIBUTORY (SECONDARY) acute dilatation heart  
 (duration) yrs. 4 hrs. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF BIRTH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? physical ex  
 (Signed) D. Herry, M. D.  
Nov 30, 1927 (Address) Mound City 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 Hope Cemetery DATE OF BURIAL Dec 1 1927  
 20. UNDERTAKER M. Crawford ADDRESS Mound City

