

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

Do not use this space.

34353

**PLACE OF DEATH**

County Phelps  
Township Miller  
City (No. ....) .....

Registration District No. 677  
Primary Registration District No. 5903

File No. ....  
Registered No. 74 St. 7 Ward) .....

**2. FULL NAME**

Robert A. Love

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Eileen E. Love  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16, 1850  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77      10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**10. NAME OF FATHER**

Isaac Love

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**12. MAIDEN NAME OF MOTHER**

M. Trisham

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**14.**

INFORMANT J. W. Love  
(Address) Scabedonia

**15.**

FILED Nov. 17, 1927 J. W. Ayers  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1927, to Nov. 16, 1927.  
That I last saw him, alive on Nov. 16, 1927, and that death occurred, on the date stated above, at 8 o'clock p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza  
92A  
111  
..... (duration) yrs. mos. 6 da.

CONTRIBUTORY (SECONDARY) Met. Insufficiency  
..... (duration) yrs. mos. 2 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) G. W. Hanson M. D.

1927 (Address) Rolla 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**

**DATE OF BURIAL**

Rolla 11/18 1927

**20. UNDETAKEE**

**ADDRESS**

R. A. McCaw Rolla

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.

