

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

Do not use this space.
6155

1. PLACE OF DEATH
 County Greene Registration District No. 318 File No. _____
 Township Springfield Principal Registration District No. 2001 Registered No. 157
 City Springfield St. Johns Hospital (Ward) _____
 2. FULL NAME Murcius L. Lovdin
 (a) Residence, No. Donovan Apartments (If nonresident give city or town and State)
 (Usual place of abode) _____
 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
74 Unknown

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Engineer
 (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) Unknown

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Mrs. Mand Church
Springfield, Mo.

15. FILED 2-16-29 W. O. Frost REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1929

17. I HEREBY CERTIFY That I attended deceased from July 1 1929 to Feb 9 1929 that I last saw him alive on Feb 9 1929 and that death occurred, on the date stated above, at Springfield, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS
15B Encephalitis
132A

CONTRIBUTORY (SECONDARY) nephritis

18. WHERE WAS DISEASE CONTRACTED 210

DID AN OPERATION PRECEDE DEATH... no DATE OF _____

WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS... Clinical
 (Signed) J. P. Johnson, M. D.

(Address) Springfield 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 Maple Park Cemetery DATE OF BURIAL Feb 16 1929

20. UNDERTAKER J. W. Kingrey ADDRESS 2216 Condit Springfield Mo

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. WRITE PLAINLY, WITH OBTAINING INSTRUMENTS IS A PERMANENT RECORD. MAR 22 1929

J. P. Ferguson