57

1929

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

Do not use this space.

11403

1. PLACE OF DEATH
County Lincoln  Registration District No. 486  File No. 
Township Hurricane  Primary Registration District No. 5649  Registered No. 7
City (No. ) St. Ward)

2. FULL NAME Wade H. Lovelace

(a) Residence. No. St., 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 | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3. SEX: Male / 4. COLOR OR RACE: White / 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married | 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 2 1929 |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | 17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1929, to Mch 1st, 1929, that I last saw h... alive on Mch 1st, 1929, and that death occurred, on the date stated above, at 8 a m. |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 1879 | THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Interstitial Nephritis and Cystitis |
| 7. AGE: YEARS 50, MONTHS 2, DAYS —, If LESS than 1 day, ... hrs. or ... min. | 131 / 123A (duration) 2 yrs. mos. ds. |
| 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) (c) Name of employer | CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. |
| 9. BIRTHPLACE (CITY OR TOWN) Lincoln Co (STATE OR COUNTRY) Mo | 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129A |
| PARENTS 10. NAME OF FATHER H. N. Lovelace | DID AN OPERATION PRECEDE DEATH? DATE OF |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. C. (STATE OR COUNTRY) | WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS? |
| 12. MAIDEN NAME OF MOTHER Lee Ella Mitchell | (Signed) A. M. Taylor, M.D. , 19 (Address) Elsberry, Mo. |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn (STATE OR COUNTRY) | *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. |
| 14. INFORMANT H. T. Lovelace (Address) St Louis Mo | 19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Star Hope Cemetery / DATE OF BURIAL 3/3 1929 |
| 15. FILED 4-10 1929 C. E. Powell REGISTRAR | 20. UNDERTAKER W. D. Bradley / ADDRESS Elsberry |

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.