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

E. R. Robert

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 13109

Township ..... Primary Registration District No. 1003 Registered No. 3667

City ..... (No. West Minister Hosp. St. ..... Ward)

2. FULL NAME Roy Loveless

(a) Residence. No. 1532 Valle Ave St., 8 Ward. St Louis Co Mo.
(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: 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) Nov 9 1907

7. AGE: 21 YEARS | MONTHS: 4 | DAYS: 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm Hand
(b) General nature of industry, business, or establishment in which employed (or employer) 2
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carlinville 2
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Freese Loveless
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Ella Eller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Illinois

14. INFORMANT Mr Geo Loveless
(Address) 1601 Kinlien Ave

15. FILED 25 1929 Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-24 1929

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1929, to March 24, 1929 that I last saw him alive on March 24, 1929, and that death occurred, on the date stated above, at 6 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebro Spinal Meningitis Epidemic
18 (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Cardiac Paralysis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1532 Valley Ave (Welston)
DID AN OPERATION PRECEDE DEATH? no DATE OF ——
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Spinal Puncture
(Signed) C. E. Cochran, M. D
, 19 (Address) 5925 Easton Ave

*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: Carlinville Ill. | DATE OF BURIAL: 3-26 1929

20. UNDERTAKER: Geo. L. Pleitsch | ADDRESS: 5966 Easton Ave.

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.