

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

Do not use this space.

**1. PLACE OF DEATH**

County Louisfayette  
Township \_\_\_\_\_  
City Odessa (No. \_\_\_\_\_)

Registration District No. 464  
Primary Registration District No. 4277

File No. 186403  
Registered No. 29  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Lovell

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-14-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 9 29

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(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) North Ca

10. NAME OF FATHER E. F. Lovell

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

12. MAIDEN NAME OF MOTHER Ruth Barr

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

14. INFORMANT Frank Morris  
(Address) Holden Mo

15. James I. 1929 R. A. Schooley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1929

17. I HEREBY CERTIFY, That I attended deceased from April 24 1929 to May 13 1929 that I last saw him alive on May 13 1929 and that death occurred, on the date stated above, at 240a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute Dilatation of Heart  
Chronic Interstitial Nephritis  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
NOT AT PLACE OF DEATH: Yes

DID AN OPERATION PRECEDE DEATH? DATE OF OPERATION May 12-1929

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) E. C. Haughey, M. D.

75 (Address) Odessa 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.

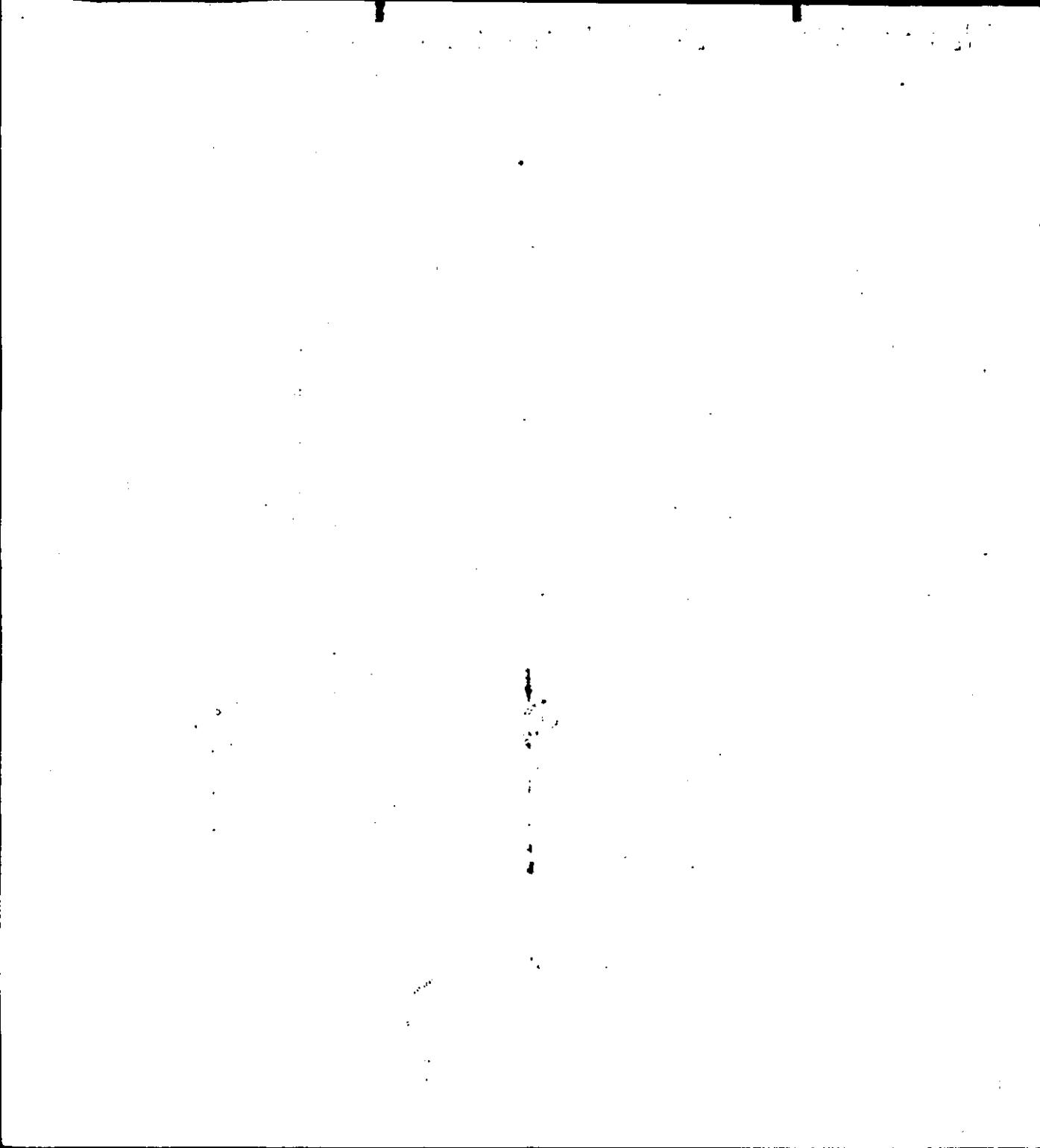
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Centerville Mo May 15 1929

20. UNDERTAKER ADDRESS  
J. N. Goodman Holden 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.

26 1929

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Requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

29

Name: James Lovell

Who died at: Odessa, Mo on May 13, 1929

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Acute Dilatation of heart.  
Operated for Enlarged Prostate

Contributory: Chronic Interstitial Nephritis

Where was disease contracted? \_\_\_\_\_

Did operation precede death? yes Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed \_\_\_\_\_

S-18640