

NOV 22 1930

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

Do not use this space.

26301-A

1. PLACE OF DEATH
 County Douglas Registration District No. 957
 Township Richland Primary Registration District No. 5-396
 City Hebron (No. St. Ward)

2. FULL NAME Abra Veman Lovan
 (a) Residence. No. Douglas Co. St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. 7 mos. 8 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) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/8 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>4</u>	<u>2</u>	<u>8</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Hebron Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER A. J. Lovan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Mo.

12. MAIDEN NAME OF MOTHER Irma Montgomery

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 16 1930

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1929, to Aug, 1930 that I last saw him alive on Aug, 1930, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) MA
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Missouri
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) R. A. Sparks, M. D.
 (Address) West Plains 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 Thornton Cem. DATE OF BURIAL Aug 17 1930

20. UNDERTAKER C. M. Haddock ADDRESS Roosevelt Mo.

14. INFORMANT A. J. Lovan
 (Address) Lilcoam Spgs. Mo

15. FILED Oct. 1930 Earnest Collins
 REGISTRAR

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.

