NOV 22 1930

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

Do not use this space.

32667

1. PLACE OF DEATH
County Greene Co Farm Registration District No. 318
Township N Campbell Primary Registration District No. 5434
City Springfield (No. Greene County Farm St. Ward)
File No.
Registered No. 750

2. FULL NAME Bill Lovin
(a) Residence. No. Greene Co Farm 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

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): unknown
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY AND YEAR): unknown
7. AGE: about 81 YEARS; MONTHS ✓; DAYS ✓; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓
9. BIRTHPLACE (CITY OR TOWN): unknown
(STATE OR COUNTRY): unknown

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): ✓
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ✓
(STATE OR COUNTRY): unknown

14. INFORMANT: Bill Cox
(Address): 734 Pearl
15. FILED 10-3, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-2 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 1/30, 1930, to Oct 2, 1930, that I last saw him alive on Sept 30, 1930, and that death occurred, on the date stated above, at 11 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Syphilis
Sofoplexy
(duration) yrs. ✓ mos. ✓ ds.
CONTRIBUTORY (SECONDARY): Syphilis
Dont Know (duration) yrs. ✓ mos. ✓ ds.
18. WHERE WAS DISEASE CONTRACTED: Dont Know
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No ✓
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J W Breeton, M. D
10-3, 1930 (Address) 737 E Elm St

*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: Greene Co Farm
DATE OF BURIAL: 10-2 1930
20. UNDERTAKER: W J Brandstein
ADDRESS: 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.

THIS IS A PERMANENT RECORD