WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

14394

1. PLACE OF DEATH

County Jackson — Registration District No. 392 — File No. 1914

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 1319 W.42nd. St. Ward)

2. FULL NAME Edominia F.Lovett

(a) Residence, No. 1319 W.42nd. St., Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.16 1844

7. AGE — YEARS: 86 — MONTHS: 7 — DAYS: 8 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At.home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.Va.

FATHER

13. NAME David Heflebower
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER

15. MAIDEN NAME Mary Slifer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Mrs.S.V.Dill 1319 W.42nd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bucyrus Kansas DATE April 26 1931

19. UNDERTAKER (ADDRESS) Gates Funeral Home K.C.K.

20. FILED 4-24 1931 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr.24 1931

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1931, to April 24, 1931

I last saw her alive on April 23, 1931. Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Cerebral anemia due to arteriosclerosis 1866 1946 49

Date of onset

Other contributory causes of importance:

Fracture of neck of femur March 11-31 from fall in her home

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. S. Merriman, M. D.

(Address) Rialto Bldg

H Lewis Hess

1207 Rialto Bldg.

[illegible]

[illegible] 1311 W.42nd.

[illegible] E.Lovett
1310 W.42nd.

51 Apr.24

Female White Widowed

[illegible] Lovett

Sept.16 1844

80 7 6

At Home

W.Va.

[illegible]

Va.

Mary Miller

Va.

[illegible]
1310 W.42nd.

[illegible] April 28 [illegible]

Yates Funeral Home
[illegible]