

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

Do not use this space.

32060

**1. PLACE OF DEATH**

County Deming Registration District No. 856  
Township Cooks Primary Registration District No. 5873  
City (No. 33) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** William Lovin

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 1 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-6-1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Cooks Mo

13. NAME W. H. Lovin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Mo

15. MAIDEN NAME Sally Bess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyersburg Tenn

17. INFORMANT W. H. Lovin  
(ADDRESS) Cooks Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE #8 Class DATE 9-7-1931

19. UNDERTAKER Yessman  
(ADDRESS) St. Louis

20. FILED Oct 9 1931 W. Larresse  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7-1931  
22. I HEREBY CERTIFY, That I attended deceased from 9-6-1931 to 9-6-1931  
I last saw him alive on at 9 am 1931. Death is said to have occurred on the date stated above, at 4:20 pm.  
The principal cause of death and related causes of importance were as follows:

Heart Pervert  
158  
1570  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

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) W. H. Lovin, M. D.  
(Address) Cooks 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.

OCT 24 1931

