

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

Do not use this space.

11736

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St Joseph (No. Mo Meth Hosp) St. _____ Ward _____

2. FULL NAME Ronald Lee Lovelady no method of death
 (a) Residence No. _____ 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. 18hr How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

MAY 28 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) apr 26 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 18hr

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

9. BIRTHPLACE (CITY OR TOWN) St Joseph mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Allen Lovelady

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Moond City Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kathleen Baran

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

14. INFORMANT Mo narans
 (Address) St Joseph mo

15. FILED APR 28 1932 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1932

17. I HEREBY CERTIFY, That I attended deceased from apr 26, 1932, to apr 27, 1932, that I last saw him alive on apr 26, 1932 and that death occurred, on the date stated above, at 4:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

15" 15"
 (duration) _____ yrs. _____ mos. _____ ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. M. Allen, M. D.

(Address) St Joseph 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 Near Oregon mo DATE OF BURIAL apr 27 1932

20. UNDERTAKER Lester Pettigrew ADDRESS Oregon mo

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.

