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.

JUN 23 1932

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

Do not use this space.

19242

1. PLACE OF DEATH
39 County Greene — Registration District No. 318 — File No.
3 Township — Primary Registration District No. 2001 — Registered No. 443
5 City Springfield Mo (No. 400 S Missouri St. Ward)

2. FULL NAME Martha Elizabeth Craig Loveless
(a) Residence, No. 900 So Missouri 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 Female — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31-1868

7. AGE 63 YEARS — MONTHS 7 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) June 19 1932 — 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County Mo

FATHER
13. NAME James Craig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Sarah Ann Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT (ADDRESS) Don B Fellows Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazlewood DATE June 24 1932

19. UNDERTAKER (ADDRESS) H. A. Lohmeyer Springfield Mo

20. FILED 6-22, 1932 Ralph W Langston Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to June 22, 1932
I last saw her alive on June 22, 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	June 20
127A	
129 / 217	

Other contributory causes of importance: Rupture of Gallbladder (Suspected)

Name of operation None — Date of
What test confirmed diagnosis? — Was there an autopsy? No

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? No
If so, specify
(Signed) D. U. Sherman, M. D.
(Address) Springfield Mo.