

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

Do not use this space.

34564

1. PLACE OF DEATH

County Warren Registration District No. 881
Township Belton Primary Registration District No. 6171
City (No. _____) _____ St. _____ Ward _____

File No. _____

Registered No. 478

2. FULL NAME

Augusta Ann Lovell
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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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) Warren Mo (STATE OR COUNTRY) Missouri

13. NAME John Lovell

14. BIRTHPLACE (CITY OR TOWN) Miller Co Mo (STATE OR COUNTRY) _____

15. MAIDEN NAME Ida Flaugher

16. BIRTHPLACE (CITY OR TOWN) Miller Co Mo (STATE OR COUNTRY) _____

17. INFORMANT Joseph N. Lovell (ADDRESS) Warrenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Incumbia Mo DATE 11/14 1932

19. UNDERTAKER F. W. Hahn (ADDRESS) Warrenton Mo

20. FILED Oct 30 1932 AW. Abeling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1932 to Oct 30 1932

I last saw her alive on Oct 29 1932 Death is said

to have occurred on the date stated above, at 6:15 P.M.

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

Mitlectasis

Date of onset 10/27/32

Other contributory causes of importance: _____

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 _____, 1932

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 Mr. Clarentsch M. D.

(Signed) Wright City Mo (Address)

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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.

NOV 29 1932

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