

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

Do not use this space.

23657

1. PLACE OF DEATH
 58 County Linn Registration District No. 496
 1 Township Brookfield Mo. Primary Registration District No. 3024
 7 City Brookfield Mo. St. _____ Ward _____

2. FULL NAME Fannie Louise Love
 (a) Residence, No. 411 So. Main St. 3d Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 57
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Chas Love

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splanner, 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) Prince Edwards Island Canada

MOTHER
 13. NAME Henry Ling
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington England
 15. MAIDEN NAME Stevenson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington Scotland

17. INFORMANT Charles S. Love
 (ADDRESS) 637 E. 1st St. Brookfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo. DATE 8-3 1933

19. UNDERTAKER Frank Bowden
 (ADDRESS) Brookfield Mo.

20. FILED 8-2 1933 E. E. Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

3
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1933

22. I HEREBY CERTIFY That I attended deceased from May 11, 1933 to July 31, 1933
 I last saw h. alive on July 31, 1933 Death is said to have occurred on the date stated above, at 6:10 p.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset
Chronic Infectious Arthritis 1912
Diabetes mellitus 1925
Cerebral Hemorrhage 5/25/33
 Other contributory causes of importance:
59
13
87A
 Name of operation _____ 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? Yes
 If so, specify _____
 (Signed) Ray R. Haley M. D.
 (Address) Brookfield 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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

AUG 20

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8
8

