SEP 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Johnson
Township Centerview
City Centerview (No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 5589

File No. 29841
Registered No. .....

2. FULL NAME Sarah Ann Elizabeth 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 20 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1854

7. AGE YEARS 80 MONTHS 7 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) North Carolina

FATHER
13. NAME Frank Lovell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Ruth Barr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mrs Frank Morrin Holden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centerview Cemetery DATE Aug 12, 1934

19. UNDERTAKER (ADDRESS) T W Goodman Holden Mo.

20. FILED Aug 12, 1934 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to Aug 11 -, 1934
I last saw her alive on Aug 11 -, 1934. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Chr Myocarditis	

Other contributory causes of importance: 93 C

Name of operation none Date of .....
What test confirmed diagnosis? Physical 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? no
If so, specify .....
(Signed) R. F. McKinney, M. D.
(Address) Warrensburg 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.