OCT 10 1934 **MISSOURI STATE BOARD OF HEALTH**
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 33818
Township ~~Sugar Creek~~ — Primary Registration District No. 3034 — Registered No. 172
City Moberly (No. ..., McCormick Hospital St. ... Ward)

2. FULL NAME Harold Leslie Love
(a) Residence, No. ... St., ... Ward. Gallup, New Mexico
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single (Babe)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1934

7. AGE — YEARS — MONTHS — DAYS 3 — If LESS than 1 day, — hrs. or — min.

OCCUPATION
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) (STATE OR COUNTRY) Moberly Missouri

FATHER
13. NAME Dr. J. H. Love
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monte Vista Colo.

MOTHER
15. MAIDEN NAME Lillian Hatten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury Mo.

17. INFORMANT (ADDRESS) (Mother) Mrs. J. H. Love Gallup N. Mex.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury Mo DATE Sept 1 1934

19. UNDERTAKER (ADDRESS) Mahan and Son Moberly Mo.

20. FILED 9/1 1934 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1934, to Sept. 1, 1934
I last saw him alive on Sept. 1, 1934. Death is said to have occurred on the date stated above, at 5:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown — Probably barn immature.	—
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Other contributory causes of importance:	—
Name of operation — Date of	—

What test confirmed diagnosis? 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) F. L. McCormick, M. D.
(Address) Moberly, 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.