

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

Do not use this space.

DEC 20 1934

1. PLACE OF DEATH

County St. Francois
Township St. Francois
Near ~~City Farmington, Mo.~~ (No. _____) St. _____ Ward _____

Registration District No. 773
Primary Registration District No. 6018A

File No. 40516
Registered No. 237

2. FULL NAME Emma F. Lovejoy

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarence D. Lovejoy</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16, 1860</u>		
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>4</u>	<u>3</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) West Newton
(STATE OR COUNTRY) Mass

13. NAME Thomas F. Frobisher

14. BIRTHPLACE (CITY OR TOWN) Boston
(STATE OR COUNTRY) Mass

15. MAIDEN NAME Emma Wheelock Payne

16. BIRTHPLACE (CITY OR TOWN) Boston
(STATE OR COUNTRY) Mass

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE 11-21- 34

19. UNDERTAKER Arthur J. Donnelly
(ADDRESS) St. Louis, Mo.

20. FILED 11-21 1934 J. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1934, to November 19, 1934

I last saw her alive on November 19, 1934. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Arteriosclerosis
Cerebral Hemorrhage
Psychosis with Cerebral Arteriosclerosis 1919

Date of onset
?
General
Insane 1919

Other contributory causes of importance:
Psychosis with Cerebral Arteriosclerosis 1919

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) C. C. Ault, M. D.
(Address) Farmington, 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.

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