JUL 2 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 19861

Township Kaw — Primary Registration District No. 1902 — Registered No. 2504

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Leona J. Lovell

(a) Residence, No. Merriam, Kansas 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 14, 1885

7. AGE: YEARS 49 — MONTHS 9 — 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. Owner & Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary store

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): Belgium

FATHER

13. NAME: Gust Sintobin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgium

MOTHER

15. MAIDEN NAME: Victorine DeVlarninck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgium

17. INFORMANT (ADDRESS): Mrs. Anna Cockran, Merriam, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph's DATE June 20, 1935

19. UNDERTAKER (ADDRESS): Gates Funeral Home, Kansas City, Kansas

20. FILED 6-19-1935 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1935, to 6/17, 1935

I last saw her alive on 6/17, 1935. Death is said to have occurred on the date stated above, at 6 a.m.

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

Coronary thrombosis — Date of onset 6/15-1935

Other contributory causes of importance: none.

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, 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) P. J. O'Connell, M. D.

(Address) 923 Medical Arts Bldg. K C 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.

P. J. O'connell
Medical Arts Bldg.
4 o'clock