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.

NOV 21 1935

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

Do not use this space.

35612

1. PLACE OF DEATH

County Daviess — Registration District No. 250 — File No.

Township — Primary Registration District No. 4150 — Registered No. 765

City Gallatin (No. , St. Ward)

2. FULL NAME Donna Coleen Love

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1935

7. AGE — YEARS: — MONTHS: 6 — DAYS: 17 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) XX
11. Total time (years) spent in this occupation XX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

FATHER

13. NAME Manford Love
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

MOTHER

15. MAIDEN NAME Josephine Sharp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

17. INFORMANT (ADDRESS) Manford Love Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McCrary Cemetery DATE Nov. 6 1935

19. UNDERTAKER (ADDRESS) Hope Furn. & Undt. Co. Gallatin, Missouri

20. FILED 11-15 1935 P. L. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1935, to 11/5, 1935

I last saw her alive on 11/5, 1935. Death is said to have occurred on the date stated above, at 5:45 a.m. A M

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

Cholera Infantium — Date of onset

1198

Other contributory causes of importance:

Colitis

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?

If so, specify

(Signed) M B Bailey Jr. ~~Mr D.~~

(Address) Gallatin Mis.