

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

Do not use this space.

SEP 29 1936

32052

**1. PLACE OF DEATH**

County Randolph Registration District No. 735  
 Township ..... Primary Registration District No. 3034  
 City Moberly (No. Wabash Hospital) St. Richmond Mo (Ward)

File No. ....

Registered No. 189

**2. FULL NAME**

(a) Residence, No. George C Lovell St. Richmond Mo (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No data

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
62

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wabash R.R.  
 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) Mo

FATHER 13. NAME No data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Hospital Records Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE Aug 26<sup>th</sup> 1936

19. UNDERTAKER (ADDRESS) Mahan + Son Moberly Mo

20. FILED 8/26 1936 Virginia Walker Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1936, to Aug 24 1936

I last saw him alive on Aug 24 1936. Death is said to have occurred on the date stated above, at 11:10am. The principal cause of death and related causes of importance were as follows:

Pyelitis - left kidney Date of onset Aug 8 -

1936

Other contributory causes of importance:

Name of operation None Date of .....  
 What test confirmed diagnosis? Cr. lab 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) Max E. Kaiser, M. D.  
 (Address) Wabash Employees Hospital Moberly 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.

