

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.

NOV 17 1936

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

Do not use this space.

36547

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township

Primary Registration District No. 3001

City Kirkville (No. Green Smith Hosp)

File No.

Registered No. 256

Ward

2. FULL NAME Lavon Eugene Love

(a) Residence, No. Greencastle, Mo. R# 3 St. Greencastle, Mo. R# 3 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 m 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-10-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 10 4

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Greenville Mo. R. # 3 (STATE OR COUNTRY) Missouri

13. NAME Carl Edward Love

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

15. MAIDEN NAME Myrean Bishop

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

17. INFORMANT Carl Love (ADDRESS) Greencastle, Mo. R# 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Price Cam. DATE Oct. 16 36

19. UNDERTAKER W. H. McCallum + Sons (ADDRESS) 2. Sifford, Mo.

20. FILED Oct. 26 36 Spencer L. Hoeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-14-1936 to 10-14-1936

I last saw h. alive on 10/14 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Acute infectious dysentery (organism unknown) Date of onset 10/8/36

Other contributory causes of importance:

Name of operation 156 Date of 156
What test confirmed diagnosis? 156 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 156 Date of injury 156, 1936

Where did injury occur? 156 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 156
Nature of injury 156

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify 156

(Signed) J. J. Hoeman, M. D. (Address) Kirkville, Mo.

