JAN 18 1937

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

Do not use this space.

85

43819

1001

1513

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001 — File No. 43819
City St Joseph (No. 1110 Mo. Methodist Hosp St.) — Registered No. 1513 — Ward)

2. FULL NAME Howard Allen Lovell

(a) Residence, No. Cameron Mo St., Ward. Cameron 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	14	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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) (STATE OR COUNTRY) Chillicothe Mo.

FATHER

13. NAME Herbert Lovell

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

MOTHER

15. MAIDEN NAME Claudia Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Mo.

17. INFORMANT (ADDRESS) Herbert Lovell Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cameron DATE 12-12-36

19. UNDERTAKER (ADDRESS) J.H. Poland Cameron

20. FILED Dec 9, 1936 F.J. Wettstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1936, to Dec 9, 1936

I last saw him alive on Dec 8, 1936. Death is said to have occurred on the date stated above, at 9:00 A.m.

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

	Date of onset
Lethargic Encephalitis	11-26-36

Other contributory causes of importance:

Name of operation Spinal Fluid Exam Date of 12/3 - 12/6 - 12/8

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) M. Roger Moore, M. D.
(Address) St Joseph, 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.