

FEB 17 1937

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

Do not use this space.

2189

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Mosses Primary Registration District No. 3079
 City Hannibal (No. R. 2. H. # 2 Hannibal) St. Ward

File No. Registered No. 20

2. FULL NAME

Charles Love
 (a) Residence, No. Rd 2 Hannibal St., Ward,
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Winnie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 11 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 1

12. BIRTHPLACE (CITY OR TOWN) Marion
(STATE OR COUNTRY) Mo13. NAME Henry Love14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo15. MAIDEN NAME Virginia Jefferson16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky17. INFORMANT Mr. Francis Ellis
(ADDRESS) Rd 2 Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Marys DATE 1-14-3719. UNDERTAKER James O. Carroll
(ADDRESS) Hannibal Mo20. FILED Jan 16, 1937 H. C. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 - 193722. I HEREBY CERTIFY That I attended deceased from July 4, 1936 to Jan 12, 1937I last saw alive on Jan 11, 1937. Death is saidto have occurred on the date stated above, at 4:05 a.m.

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

Chronic myocarditis Date of onset Other contributory causes of importance: Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes

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) A. B. Blue, M. D.(Address) Hannibal

