FEB 8 1937

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

Do not use this space.

2558

File No. #1

Registered No. 668

1. PLACE OF DEATH

County: Pettis — Registration District No. 668

Township: Sedalia — Primary Registration District No. 5889

City: Sedalia (No. ..., 2 ... St. ... Ward)

2. FULL NAME: Mrs. Minnie Tracy Lovelace

(a) Residence, No. Route 3, Sedalia, Mo. 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: Female

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: William Lovelace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2, 12, 1867

7. AGE: Years 69 — Months 11 — Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Pettis County Mo.

FATHER

13. NAME: W.G. Forbes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Emma Forbes

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

17. INFORMANT (ADDRESS): William Lovelace, Route 3, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Botts Cemetery DATE: Jan. 4, 1937

19. UNDERTAKER (ADDRESS): Duane Ewing, Sedalia, Mo.

20. FILED 1-3-1937 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Jan 2, 1937

I last saw her alive on Jan 1, 1937. Death is said to have occurred on the date stated above, at 6 A m.

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

| | Date of onset |
|---|---|
| Chronic Nephritis with Uremia | ? |

Other contributory causes of importance:

Senility.

Name of operation: None Date of

What test confirmed diagnosis? Symptoms 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? No

If so, specify

(Signed) Jno B. Carlisle M.D., M. D.

(Address) 314 S. Ohio St. Sedalia 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.

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Dr. Carlyle
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