

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

Do not use this space.

**1. PLACE OF DEATH**

County New Madrid  
Township Cross  
City..... (No. .... St. .... Ward)

Registration District No. 605  
Primary Registration District No. 4359

File No. 12769

Registered No. ....

**2. FULL NAME**

(a) Residence, No. .... St. .... 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.

Sylvia Irene Lovitt

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1904-10-7

7. AGE YEARS 32 MONTHS 4 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.

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

13. NAME J. Walter Lovitt

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

15. MAIDEN NAME Rosa Lee Wagner

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

17. INFORMANT J. Walter Lovitt (ADDRESS) Parma, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor Cem DATE Apr 1 1937

19. UNDERTAKER A. C. Knight (ADDRESS) Parma

20. FILED 3-31 1937 W. G. G. G. G. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Mar 31 1937  
I last saw her alive on Feb 3 1937 Death is said to have occurred on the date stated above, at 69 m.

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

Myocarditis  
Post old tubercular abscess on lip  
Date of onset

Other contributory causes of importance: 270

Name of operation..... Date of.....  
What test confirmed diagnosis: clinical 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.

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) W. G. G. G. M. D.  
(Address) Parma

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.

