AUG 30 1937

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

Do not use this space.

File No. 28383

Registered No. 294

1. PLACE OF DEATH

County: Saint Louis

Township: Co.

City: Jefferson Barracks (No. VAF St. Ward)

Registration District No. 1123

Primary Registration District No. 6248 B

2. FULL NAME: Russell H. LOVELACE

(a) Residence, No. ... St., ... Ward. Bowling Green, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: Unkn. yrs. mos. 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Bernice Lovelace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	1	11	

OCCUPATION

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

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): June, 1937

11. Total time (years) spent in this occupation: 16 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike County, Missouri.

FATHER

13. NAME: Sam Lovelace

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

MOTHER

15. MAIDEN NAME: Emma Abbott

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

17. INFORMANT: Clinical Clerk M. Schulling
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bowling Green Mo. DATE July 24, 1937

19. UNDERTAKER: Allen Bankhead
(ADDRESS) Bowling Green Mo.

20. FILED July 23, 1937 L. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937 to July 21, 1937

I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 7:20 a. PM

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

	Date of onset
Generalized Peritonitis; ileitis resulting from	
acute	6-30-37

Other contributory causes of importance:

Ileitis, acute; cause undetermined	6-30-37
Cecitis, acute, cause undetermined	6-30-37
Peri-appendicitis, acute	7-20-37

Operations: Anastomosis; closure of ileum

Name of operation: Laparotomy & Ileostomy Date of: 7-2-37

What test confirmed diagnosis? Phy. clinical manif. and autopsy find. 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) C. V. HUGHES, Chief Med. Off., M. D.

(Address) VAF Jefferson Barracks, 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.