

REC'D JUN 7 1938

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

15-200-1000
Do not use this space.

19159

File No. 155
Registered No. 668
St. _____ Ward _____

1. PLACE OF DEATH

County Pattis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 404 East 6th.)

2. FULL NAME

John G. Love 103

(a) Residence, No. 404 East 6th. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 0 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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) Illinois13. NAME Joseph G. Love14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.15. MAIDEN NAME Helen Reynolds16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Canada17. INFORMANT Mrs. J. G. Love (ADDRESS) Sedalia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE May 17, 1938 1919. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.20. FILED May 17, 1938 J. G. Love Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to May 15, 1938
I last saw him alive on May 15, 1938. Death is said to have occurred on the date stated above, at 10:21 a.m.

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

Coronary Thrombosis Date of onset May 15, 1938

Other contributory causes of importance: home

Name of operation _____ Date of _____
What test confirmed diagnosis Phys. Exam 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? Yes

If so, specify _____
(Signed) W. A. Beaman, M. D.
(Address) Sedalia Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

