

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

Do not use this space.

REC'D JUN 17 1938

19321

1. PLACE OF DEATH

County Ray
 Township Richmond
 City Richmond (No.)

Registration District No. 244
 Primary Registration District No. 2025

File No.
 Registered No. 148 St. Ward)

2. FULL NAME Chas. Wm. Love

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1938

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9th. 1926.

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 2 6

Enlarged Heart andocarditis
Flu
Endocarditis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-Boy

924
 Other contributory causes of importance: Rheumatism 1934

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) Richmond Mo. (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Oscar Wm. Love

14. BIRTHPLACE (CITY OR TOWN) Richmond Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Carry Belle Sullard

16. BIRTHPLACE (CITY OR TOWN) Richmond Mo. (STATE OR COUNTRY)

17. INFORMANT Chas Wm. Love (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE May 17th. 1938

19. UNDERTAKER Brothers Funeral Home (ADDRESS) Richmond Mo.

20. FILED 6-1 1938 Marjorie McConnel Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? NA.....

If so, specify.....

(Signed) J. P. Brown, M. D. (Address) Richmond 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.

