

REC'D AUG 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25196

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 853
 (b) Township Harrison Primary Registration District No. 5354 Registered No. 9
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Boliver Nelson Love

(a) Residence, No. Gallatin, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 Myra, Love
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 3 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Agriculture
 10. Date deceased last worked at this occupation (month and year) March 1923 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Daviess Co., Missouri
 (STATE OR COUNTRY)

13. NAME Alexander K. Love

14. BIRTHPLACE (CITY OR TOWN) Unk.
 (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Parmelia Marsh

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

17. INFORMANT James Love
 (ADDRESS) R. R. 1 Nettleton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McCrary Cemetery DATE July 28, 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co
 (ADDRESS) Gallatin, Missouri

20. FILE July 21, 1938 D. E. Minnick
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to July 25, 1938
 I last saw him alive on July 18, 1938 Death is said to have occurred on the date stated above, at 5:15 PM
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset July 1938

Other contributory causes of importance: 107W

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? No
 If so, specify
 (Signed) M. A. Smith M. D.

(Address) Gallatin Mo

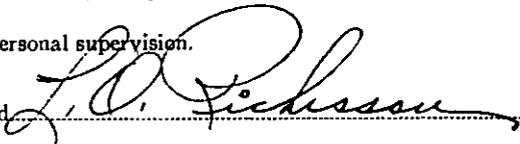
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson, or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 3302

P. O. Address Gallatin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.