SEC 6 MAY 10 1939

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

Do not use this space.

13787

File No. 1541

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. General Hospital #2 Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Willie Love
(a) Residence, No. 3206 Highland 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

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertie Love
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know about 1889
7. AGE YEARS about 50 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
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) Texas

FATHER
13. NAME Robert Love
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Dorothy Williams 2106 E 33 St. Chicago
18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds Cemetery DATE 4-11 1939
19. UNDERTAKER (ADDRESS) West, Appleton & Jones Inc. 1905 Pine St.
20. FILED Apr 11, 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1939, to 3-14, 1939
I last saw him alive on 3-14, 1939. Death is said to have occurred on the date stated above, at 9 45 m. a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	131

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? NBD

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) G. A. Turner M. D.
(Address) General Hospital #2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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