

MAY 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Holt 2

Registration District No.

370

Township

(No.)

Primary Registration District No.

H. 2. 16

City

Forest City

St.

Ward)

File No. 14989

Registered No. 5

2. FULL NAME

Ruby May Lovelady

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

1 yrs. 11 mos. 13 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

April 26, 1937

7. AGE

YEARS

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.

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)

Forest City Missouri

FATHER

13. NAME

Charles Lovelady

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

Forest City Missouri

MOTHER

15. MAIDEN NAME

Majorie Roemie

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

Forest City Missouri

17. INFORMANT (ADDRESS)

Charles Lovelady Forest City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest City Missouri DATE Apr 11, 1939

19. UNDERTAKER (ADDRESS)

Celtis Funeral Service Oregon Missouri

20. FILED

April 10, 1939

Irene Debbelene acting registrar

MEDICAL CERTIFICATE OF DEATH

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

April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from

April 9, 1939, to April 9, 1939

I last saw h. in alive on April 9, 1939. Death is said

to have occurred on the date stated above, at 5 P. M.

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

Date of onset

Tubercular pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Physical Date of

Was there an autopsy? no

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) D. H. Perry, M. D.

331 (Address) Forest City Mo

in Place of Mr. J. E. Bullock

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.

District File Number 39-405
Date Filed MAY 2 1939