

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

Do not use this space. 1

1249

1. PLACE OF DEATH

County Johnson
Township Blue
City Independence (No.) St. Ward)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 36

2. FULL NAME

(a) Residence. No. 573 N Liberty St Ward.
(Usual place of abode)

Lovelock

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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	9	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Gates

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

14. INFORMANT H. M. Shively
(Address) Richmond MO

15. FILED Jan 22 1933 Dr. T. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933, to Jan 22 1933 that I last saw her alive on Jan 22 1933, and that death occurred, on the date stated above, at MO.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocarditis

CONTRIBUTORY (SECONDARY) 930
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Greene M. D.
Jan 22 1933 (Address) Independence MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond MO DATE OF BURIAL 1/24/33

20. UNDERTAKER E. M. Joiner 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.

PERMANENT RECORD

FEB 25 1933

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