

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Stocking Registration District No. 602 File No. 76659
Township Swamp Primary Registration District No. 2639 Registered No. 22
or Village Murray City No. _____ St. _____ Ward _____
or City of _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Lovett Did Decedent Serve in _____
U. S. Navy or Army _____
(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 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 white 5 Single, Married, Widowed or Divorced (write the word) married
6a If married, widowed or divorced HUSBAND of (or) WIFE of Bess Lovett
6 DATE OF BIRTH (month, day, and year) May 6 - 1877
7 AGE Years Months Days If LESS than 1 day, hrs. or min.
60 6 29
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Service Station
(b) General nature of industry, business, or establishment in which employed (or employer) Gasoline
(c) Name of employer 8157

9 BIRTHPLACE (city or town) Monday
(State or country) Ohio

10 NAME OF FATHER Simon Lovett
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Johnstown Pa.
12 MAIDEN NAME OF MOTHER Martha Price
13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Ky.

14 Informant Bess Lovett
(Address) Murray City Ohio

15 Filed Jan 4, 1938 Arma Dixon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 5 - 1937
17 I HEREBY CERTIFY, That I attended deceased from Dec - 4 - 1937 to Dec 5 - 1937
that I last saw him alive on Dec - 4 - 1937
and that death occurred, on the date stated above, at 7 A. m.
The CAUSE OF DEATH* was as follows:
Coronary Thrombosis

(duration) yrs. mos. ds.
CONTRIBUTORY Acute Alcoholism
(SECONDARY) (duration) yrs. mos. ds. 14

18 Where was disease contracted _____
If not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____

What test confirmed diagnosis? _____
(Signed) E. A. Perron
175 1937 (Address) Murray City

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Green Lawn DATE OF BURIAL Dec 8, 1937

20 UNDERTAKER, License No. 4447 ADDRESS C. L. Stout
Wilmington
Ohio

PARENTS