

**COMMONWEALTH OF KENTUCKY**  
 State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH

County ChristianFile No. 478Vol. Pat. \_\_\_\_\_ Registration District No. ~~111~~

Registered No. \_\_\_\_\_

Inc. Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

City Hopkinsville (Memmie Stuart Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME James Henry Lovell(a) Residence. No. R.F.D. #1, Greenville, Kentucky 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 Married  
 Married Widowed Divorced  
 (Write the word)5a If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_6 DATE OF BIRTH Nov. 20, 1869  
 (Month) (Day) (Year)7 AGE 60 yrs. 1 mos. \_\_\_\_\_ ds. IF LESS than 1  
 day \_\_\_\_\_ hrs.  
 or \_\_\_\_\_ min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or  
 particular kind of work Farmer(b) General nature of industry,  
 business or establishment in  
 which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town)  
 (State or country) Hullenberg County

PARENTS	10 NAME OF FATHER <u>John Lovell</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Hullenberg County</u>
	12 MAIDEN NAME OF MOTHER <u>Priscilla Barnes</u>
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Simpson County, Ky.</u>

14 (Informant) George Lovell  
 (Address) Greenville, Ky.15 Filed 12/21, 1929  
 Registrar \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 19, 1929, 19\_\_\_\_, 19\_\_\_\_  
 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
 from Dec. 12, 1929, 19\_\_\_\_, to Dec. 19, 1929, 19\_\_\_\_,  
 that I last saw him alive on Dec. 19, 1929, 19\_\_\_\_,and that death occurred on the date stated above at \_\_\_\_\_  
 The CAUSE OF DEATH\* was as follows:  
Organic Heart DiseaseAcute Dilatation. Resulted in sudden  
death.(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory Nephritis  
 (Secondary) few days, to my  
knowledge.  
 (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? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Austin Bell, M.D., M. D.  
12/19, 1929 (Address) Hopkinsville, Ky.\*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 addi-  
 tional space.)19 PLACE OF BURIAL OR REMOVAL Evergreen Cemetery  
Greenville, Ky. DATE OF BURIAL 12/21, 192920 UNDERTAKER Orion P. Roark ADDRESS Greenville, Ky.

WRITE PLAIN 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. See instructions on back of certificate.

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F. H. A.