

STATE OF UTAH

DEPARTMENT OF HEALTH

62
147

1 PLACE OF DEATH

State Board of Health File No.

County Utah
Precinct _____
or
Village _____
or
City Provo

STATE OF UTAH—DEATH CERTIFICATE

[If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME

(a) Residence, No. 486 So. 5 West St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 70 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If Married, Widowed, or Divorced—Husband of (or) Wife of Julia Ekins Lovelace

6 Date of Birth July 14 1853
(Month) (Day) (Year)

7 Age 70 yrs. 6 mos. 19 ds. If LESS than 1 day—hrs. or—min. ?

8 Occupation of Deceased
(a) Trade, profession or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of Employer _____

9 Birthplace (City or town) Provo Utah
(State or Country)

PARENTS
10 Name of Father James H Lovelace
11 Birthplace of Father (State or Country) Ohio
12 Maiden Name of Mother Matilda McClellan
13 Birthplace of Mother (State or Country) Tennessee

14 Informant James A Lovelace
Address 2323 Provo Utah

15 Filled 2-28, 1944 Arnold E. Holman
Registrar

REGISTERED NUMBER 15 NO. OF BURIAL PERMIT _____

21 _____ 22 _____

16 Date of Death Feb. 7 1944
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1944, to Feb 7, 1944 that I last saw him alive on Feb 5, 1944, and that death occurred, on the date stated above, at 2 a.m.
The CAUSE OF DEATH* was as follows:
Chronic nephritis (159)
(Duration) several yrs. mos. ds.
Contributory Don't know
(Secondary) (Duration) yrs. mos. ds.

18 Where was disease contracted at home
If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? urinary and etc.

(Signed) J. Hault Best M. D.
Feb 19 1944 (Address) Provo Utah

*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 Provo Utah Date of Burial Feb 10 1944

20 Undertaker Amos Hotel Address Provo Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

is very important. See instructions on back of certificate. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

SDH-1645-94 (12-79)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as Amended.

Date Issued:

NOV 21 1930

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY