

DEC 4 1936

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

Do not use this space.

38784

1. PLACE OF DEATH

County Ray Registration District No. 743
Township Clark Primary Registration District No. 4445
City Carrollton (No. _____) St. _____ Ward _____

2. FULL NAME

Betty Ann Loyd
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/12/1933
7. AGE YEARS 3 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Ray Co. Mo
(STATE OR COUNTRY)

13. NAME Otis Loyd

14. BIRTHPLACE (CITY OR TOWN) Ray Co. Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Mildred Good

16. BIRTHPLACE (CITY OR TOWN) Ray Co. Mo
(STATE OR COUNTRY)

17. INFORMANT Otis Loyd
(ADDRESS) Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Park Cem. DATE _____ 19____

19. UNDERTAKER W. S. Gibson
(ADDRESS) Carrollton Mo

20. FILED 11/10 1936 W. S. Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/16 1936 to _____ 19____

I last saw him alive on 10/14 1936 Death is said to have occurred on the date stated above, at 3 A. M.

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

Baillary Dysentery
Other contributory causes of importance: 1310
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) W. S. Gibson, M. D.
(Address) Carrollton, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

