

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

Do not use this space.

22493

1. PLACE OF DEATH
 County Ray Registration District No. 739
 Township Canfield Primary Registration District No. ~~739~~
 City (No. 5974) St. _____ Ward _____
 2. FULL NAME James Leonard 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 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 Emma Loyd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-13-1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 8
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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) (STATE OR COUNTRY) Ray Co. Mo.
 13. NAME William Loyd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 15. MAIDEN NAME Copia Weigles
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Bud Loyd
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Co. 6/22 1931
 19. UNDERTAKER W. H. Burger
 (ADDRESS) and no
 20. FILED Ray 6 1931 W. H. Burger
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21 1931
 22. I HEREBY CERTIFY, That I attended deceased from June 23 1931 to June 21 1931
 I last saw him alive on June 19 1931. 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:
Chronic nephritis
Chronic organic heart
Hypertension
 Date of onset 4 years
 Other contributory causes of importance: 131
151
102
 Name of operation _____ Date of _____
 What test confirmed diagnosis? 6 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?
 If so, specify _____
 (Signed) W. H. Burger, M. D.
 (Address) 1107 E. Street
Orwell Mo.

MARRIAGE RESERVED FOR BINDING

VGB. NO. 2.

WRITE PLAINLY, 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.

JUN 29 1931

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