

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Richmond
City (No. _____) _____

Registration District No. _____
Primary Registration District No. _____

File No. 13177
Registered No. _____

2. FULL NAME

John William 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 Elizabeth Loyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/10/1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 9 25

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 Mo13. NAME William Loyd14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Sofia Weigles16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Wm Loyd
(ADDRESS) 112 E. Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill Ray Co DATE 4/7 193719. UNDERTAKER Ch. H. Boone
(ADDRESS) Quick Mo20. FILED Apr. 10 1937 Transp. M. D. Donnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 P m.The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arterio Sclerosis
Chronic ProstatitisOther contributory causes of importance:
Chronic Prostatitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) E. B. Loyd M. D.(Address) Richmond 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.

