

APR 26 1937

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

Do not use this space.

13163

1. PLACE OF DEATH

County RAY Registration District No. 744
Township REMONO Primary Registration District No. 3035
City REMONO (No.) St. Ward

File No.

Registered No.

2. FULL NAME MARGARET E. L. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Wife Loyd
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

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 Co13. NAME Wane Hall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co15. MAIDEN NAME Minerva Raines16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co17. INFORMANT Dr. G. W. Gaines
(ADDRESS) Richmond, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Orreki Mo DATE 3/29/3719. UNDERTAKER C. M. Joiner
(ADDRESS) Richmond Mo.20. FILED 4/10 1937 Thompson McDonald
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27 193722. I HEREBY CERTIFY, That I attended deceased from
19..... to Mar. 26 1937

I last saw her alive on Mar. 26 1937. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Advanced arteriosclerosis
Chronic Cholecystitis
Date of onset 2 yrs ago

Other contributory causes of importance

Name of operation clinical Date ofWhat test confirmed diagnosis clinical Was there an autopsy?23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?
Date of injury

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

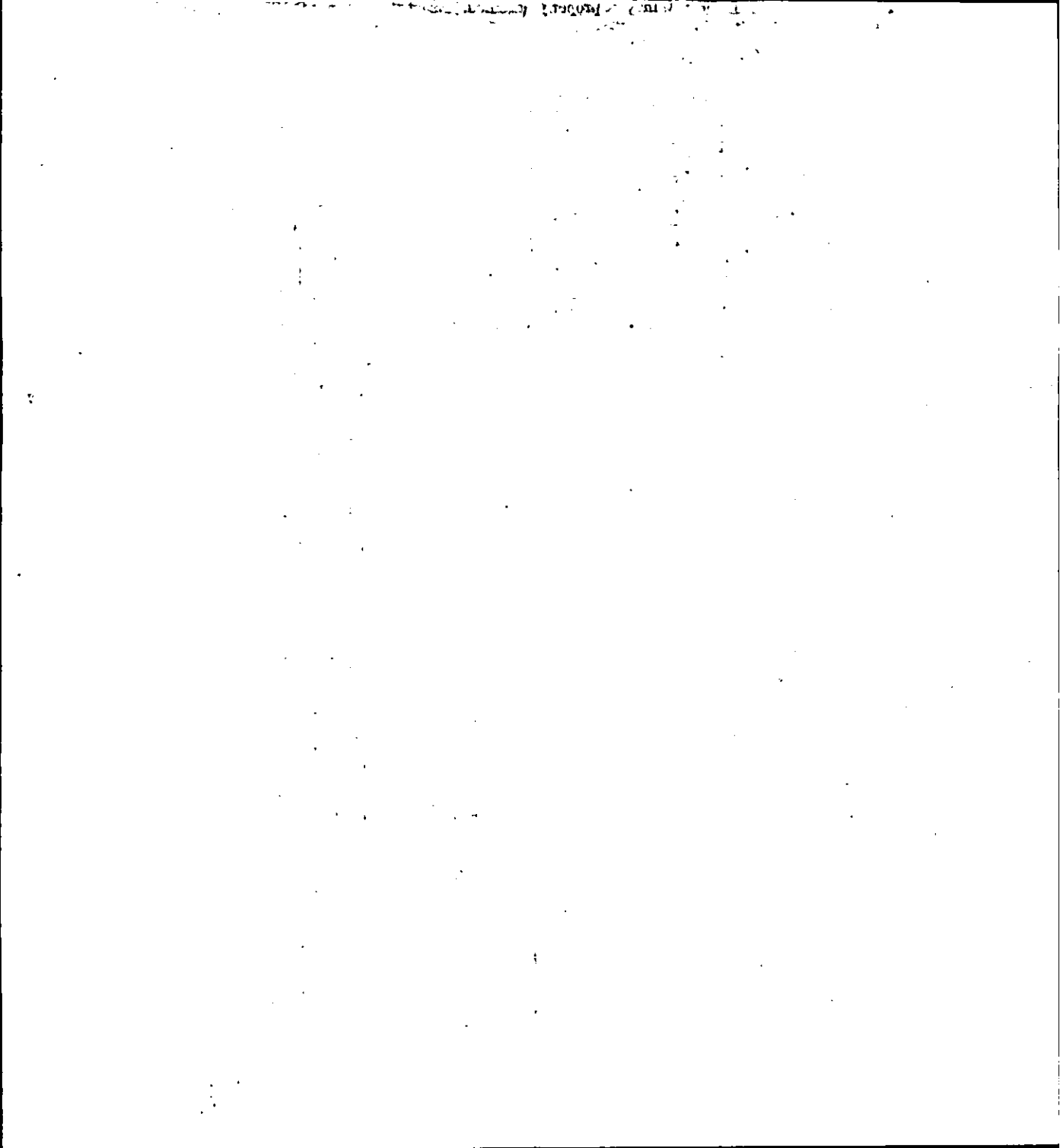
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. G. W. Gaines 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.



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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township
City Richmond (No.)

Registration District No. 944
Primary Registration District No. 3035

File No. 13163
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 24

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
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)..... Total time (years) spent in this occupation.....

Date of onset
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Druck No. DATE 3/29 1937

19. UNDERTAKER (ADDRESS) G. M. Joiner Richmond Mo

20. FILED 4110 1937 Mar 3 McDonald Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) G. M. Gaines, M. D. (Address) Richmond Mo

CAUSE OF DEATH in plain terms, to be filled in if it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-13163

REPRODUCED