

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.

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

Do not use this space.

37076

REC 20 1935

1. PLACE OF DEATH

County Ray Registration District No. 743
Township Cruck Primary Registration District No. 443
City Cruck (No. _____) St. _____ Ward _____

File No. _____
Registered No. 37

2. FULL NAME

Sarah 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Slave Loyd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/16/1880</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>9</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1935, to Nov 4, 1935

I last saw her alive on Nov 4, 1935. Death is said to have occurred on the date stated above, at 8 P. m.

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

Tobac Pneumonia
108

Other contributory causes of importance:

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) [Signature], M. D.
(Address) Cruck, Mo.

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

13. NAME Frank Ford

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

15. MAIDEN NAME Ada Barton

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

17. INFORMANT Mr Frank Ford
(ADDRESS) Cruck Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE South Point DATE 11/4, 1935

19. UNDERTAKER W. H. Beason
(ADDRESS) Cruck Mo

20. FILED 10/12, 1935 [Signature]
Registrar.

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