

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.

JUL 25 1936

23961

1. PLACE OF DEATH

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

File No. _____
Registered No. 63
St. _____ Ward _____

2. FULL NAME William Dillard 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 Carrie Loyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/8/1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 2 16

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) Ray Co Mo
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Jasper Loyd

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

MOTHER 15. MAIDEN NAME Lucinda McMullin

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

17. INFORMANT Mrs Carrie Loyd
(ADDRESS) Ornick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Point Mo DATE 6/25 1936

19. UNDERTAKER C. V. Gibson
(ADDRESS) Ornick Mo

20. FILED 7/10 1936 C. White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24 1936

22. I HEREBY CERTIFY, that I attended deceased from June 17, 1936, to June 24, 1936. I last saw him alive on June 24, 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:

Cerebral Hemorrhage

Other contributory causes of importance: Hypertension and Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Was there an autopsy? Yes

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. Dwyer, M. D.
(Address) Ornick Mo

