

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff

Registration District No. 89
Primary Registration District No. 3007

File No. 7993
Registered No. 44

2. FULL NAME

Clair O. Loyd

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Marion Loyd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
34 11 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Taxi Driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Raymond, Mo

10. NAME OF FATHER John R. Loyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) supply Ark

12. MAIDEN NAME OF MOTHER Josie Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) unknown

14. INFORMANT (Address) Mrs John R. Loyd Poplar Bluff Mo

15. FILED 4/2 1928 Dr. B. J. Clair REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 25 1928

17. I HEREBY CERTIFY That I attended deceased from March 22 1928 to March 25 1928 that I last saw him alive on March 23 1928 and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A (duration) 2 yrs. 4 mos. 4 da.

CONTRIBUTORY (SECONDARY) 31 (duration) ____ yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. H. ... M. D.

3-31-1928 (Address) Poplar Bluff Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Woodlawn Mar 27 1928

20. UNDERTAKER ADDRESS

G. J. Frank Poplar Bluff

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.

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