1 1928

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

Do not use this space.

13080

1. PLACE OF DEATH
County Howard — Registration District No. 378 — File No.
Township Burton — Primary Registration District No. 5528 — Registered No. 31
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William F. Loy
(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: Clara Loy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 6 1867

7. AGE: Years 60 — Months 8 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(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) Missouri

PARENTS
10. NAME OF FATHER: Frank Loy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER: Charlotte Carter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

14. INFORMANT: Mrs. W. F. Loy
(Address) Fayette, Mo.

15. FILED 5.10 1928 V. O. Bonham, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-26 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-26, 1928, to 4-26, 1928, that I last saw him alive on 4-26, 1928, and that death occurred, on the date stated above, at 10:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis 948 [illegible]

89 (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Angina Pectoris

(duration) ..... yrs. ..... mos. 1 hr. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Manner of death
(Signed) Wm. J. Shaw, M. D
, 19 (Address) Fayette, Mo.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Walnut Ridge — DATE OF BURIAL: 4-28 1928

20. UNDERTAKER: Guy T. Halley — ADDRESS: Fayette, 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.