NOV 21 1930

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

Do not use this space.

32212

1. PLACE OF DEATH

County: Butler — Registration District No.: 89 — File No.:

Township: — Primary Registration District No.: 2007 — Registered No.: 248

City: Poplar Bluff, No. ..., ... St. ... Ward)

2. FULL NAME John P. Loyd.

(a) Residence. No. 1101 Elmwood 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	4. COLOR OR RACE	5. ~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED~~ (*write* the word)
M	W.	Wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-22-1859

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
70	11	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moark,
(STATE OR COUNTRY) Ark.

PARENTS
10. NAME OF FATHER not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) not known.

14. INFORMANT Marion Loyd
(Address) Poplar Bluff

15. FILED 10-27, 1931 R. J. Ellis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-21 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1930, to Oct. 21, 1930 that I last saw ~~him~~ alive on Oct. 21, 1930 and that death occurred, on the date stated above, at 10:55 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

O. D.
Myocarditis
230
930 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. M. Sandifer, M. D.
10-22, 1930 (Address) Poplar Bluff 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	DATE OF BURIAL
Doniphan Mo	10-23 1930
20. UNDERTAKER	ADDRESS
Frank Mud. Co	Poplar Bluff

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.