

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

Township Poplar Bluff

Primary Registration District No. 2007

City Poplar Bluff

File No. _____
Registered No. 208
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1101 Fairmount St. _____ Ward _____

(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>m</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>wid.</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Josia C. Loyd.

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

7. AGE	YEARS	MONTHS	DAYS	IT LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>11</u>	<u>29</u>	

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.

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known.
(STATE OR COUNTRY)

14. INFORMANT Marion Loyd
(Address) Poplar Bluff

15. FILED 10-27-31 W. J. Clark 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:

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. J. Clark 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 M. 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.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses and income.

The second part of the document provides a detailed breakdown of the company's assets and liabilities. It lists the various types of assets, such as cash, accounts receivable, and inventory, and provides a clear picture of the company's financial position. Similarly, it details the liabilities, including accounts payable and long-term debt.

The third part of the document focuses on the company's income and expenses. It provides a clear and concise summary of the company's performance over the reporting period, highlighting the key drivers of its success and the areas where it has faced challenges.

Finally, the document concludes with a series of recommendations and conclusions. It offers insights into the company's future prospects and provides guidance on how to improve its financial performance. The conclusions are based on a thorough analysis of the data and are designed to provide a clear and actionable path forward.