

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

Do not use this space.

41580

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No. 2518)

791

1003

Benton

File No.

Registered No.

St.

Ward

12275

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Emma L. Lloyd

2518 Benton St.

20

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

Female

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

James R. Lloyd

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

Dec. 27, 1853

7. AGE

77

YEARS

MONTHS

7

DAYS

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Richard Leeson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

England

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Eliza Simpson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

England

(STATE OR COUNTRY)

14. INFORMANT

W. R. Leeson

(Address)

6214 Basley Pl

15. FILED

31 1930

Wm E. Stanton

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec. 29 1930

17.

I HEREBY CERTIFY, That I attended deceased from 12/15/30 to 12/29/30 that I last saw her alive on 12/29/30, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis

CONTRIBUTORY (SECONDARY)

arteriosclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WHAT TEST CONFIRMED DIAGNOSIS

Cerebral Symptoms

(Signed)

W. R. Leeson M. D.

*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

Memorial Park 12-31-30

20. UNDERTAKER

ADDRESS

Wm E. Stanton 5525 Benton

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.

