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

Do not use this space.

5910

File No. 1013

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No.

Township Raw Primary Registration District No.

City Kansas (No. Research Hospital St. Ward)

2. FULL NAME Donald Lloyd

(a) Residence. No. 2247 Van Brunt St., 12 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): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-19-1917

7. AGE: Years 13 | Months 2 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Harold B. Lloyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Helen L. King

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

14. INFORMANT Harold B. Lloyd
(Address) 2247 Van Brunt

15. FILED 3/2, 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-28 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1931, to Feb 28 1931, that I last saw him alive on 2-2-1931, and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pustomitis Gangrene of Appendix
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Worms
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Atha home
IF NOT AT PLACE OF DEATH? 2247 Van Brunt
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?

3/1, 1931 (Signed) H. D. Leonard M.D.
(Address) 869 Chestnut

*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: Mt. Maria Cem DATE OF BURIAL: 3-2 1931

20. UNDERTAKER: Stine & McClure ADDRESS: City.

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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