

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

Do not use this space.

32303

224

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
City Mo (No.         )

Registration District No. 274  
Primary Registration District No. 6018B

File No.           
Registered No.           
St.          Ward         

2. FULL NAME

Charles Loyd  
(a) Residence, No.          St.,          Ward.           
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Janist 1888

7. AGE YEARS 43 MONTHS 9 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.           
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mining  
10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Annapolis, Mo

FATHER 13. NAME Lin Loyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Annapolis Mo

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)         

17. INFORMANT Chas Stone (ADDRESS) 602 Main Harrisburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE          DATE 9-17-31

19. UNDERTAKER (ADDRESS) W. A. Caldwell  
1st River, Mo.

20. FILED Sept 18, 1931 W. J. Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-15-1931

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        .

I last saw him alive on         , 19        . Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

From gunshot wounds at foot of Austin Woods with a 38 cal. revolver. Date of onset         

(Verdict of jury)

Other contributory causes of importance:         

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury 9-15-1931

Where did injury occur? Featherwood (Specify city or town, county, and State)

Specify whether injury occurred in industry, at home, or in public place. Main Street

Manner of injury         

Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?

If so, specify         

(Signed) R. B. Rester, M. D.

(Address) Desloge 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.

SEP 25 1931

STATEMENT RECORD

