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

Do not use this space.

1. PLACE OF DEATH
County: Jasper — Registration District No.: 417 — File No.: 34798
Township: — Primary Registration District No.: 3021 — Registered No.: 95
City: Webb City (No. ..., ... St. ... Ward)

2. FULL NAME: Loyd Engle
(a) Residence, No.: 814 N. Liberty St., ... Ward. (If nonresident, give city or town and State)
(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.

NOV 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 13, 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
21	8	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Jasper Missouri

FATHER
13. NAME: Lee Engle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Emma Erikson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs Lee Engle
(ADDRESS): Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nashville Mo DATE: Oct 24, 1931

19. UNDERTAKER: Steele Und. Co.
(ADDRESS): Webb City Mo.

20. FILED: 10/23 1931 R. M. Stormont
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1931, to Oct 22, 1931
I last saw h... alive on Oct 22, 1931. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
11B	
Other contributory causes of importance:	

Name of operation: ... Date of: ...
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury: ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed): R. M. Stormont, M. D.
(Address): Webb City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important.