WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JAN 9 1933

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

Do not use this space.

36561

1. PLACE OF DEATH
County Nodaway — Registration District No. 625 — File No.
Township ~~Polk~~ — Primary Registration District No. 3031 — Registered No. 99
City Maryville (No. , St. Ward)

74 9 7

2. FULL NAME Truman Lloyd

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9th, 1838

7. AGE — YEARS: 94 — MONTHS: 7 — DAYS: 28 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Pennsylvania 2

FATHER
13. NAME Goodwin Lloyd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co., Pa.

MOTHER
15. MAIDEN NAME Mary Ann Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Eldon Lloyd Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Nov 9th, 1932

19. UNDERTAKER (ADDRESS) Price Furniture Co. Maryville, Mo.

20. FILED Nov 9, 1932 Mamie E Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 30, to Nov 7, 1932
I last saw him alive on Nov 6, 1932 Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation
Chronic Parenchymatous nephritis
Senility
131

Date of onset

Other contributory causes of importance:
338
162

131

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical 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 ✓, 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? No
If so, specify ✓
(Signed) Chas. T. Bell, M. D.
(Address) Maryville, Mo.