

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

Do not use this space.

6451

1. PLACE OF DEATH

61 County Macon Registration District No. 534
Township Linga Primary Registration District No. 5717
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

William W. Lloyd
(a) Residence, No. _____ St. _____ 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1839

7. AGE YEARS 93 MONTHS 7 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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) Wales

MOTHER FATHER 13. NAME William Lloyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER 15. MAIDEN NAME Ann

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

17. INFORMANT W. Lloyd

(ADDRESS) New Cambria Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Cambria County DATE Feb 24 1933

19. UNDERTAKER J. E. Gillespie

(ADDRESS) New Cambria Mo

20. FILED Feb 24 1933 9:17 Sunday Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1933, to Feb 21, 1933
I last saw him alive on Feb 21st, 1933. Death is said to have occurred on the date stated above, at 6:30 am.

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

Lobar Pneumonia Date of onset Jan 12/33

102 108

Other contributory causes of importance:

Old age

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 _____, 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) C. West, M. D.

(Address) New Cambria Mo

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.

1933

W. F. Williams
Rochester
N. Y. State
J. G. Brown
J. B. Jones
John Lee
John Roberts