

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

Do not use this space.

9152

1. PLACE OF DEATH

County Greene Registration District No. 317
 Townshp St. Louis 5th MO Primary Registration District No. 5441
 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Louis 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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna K Lloyd</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 30 - 1860</u>				
7. AGE YEARS <u>72</u>	MONTHS <u>4</u>	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Vet.</u>			
	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) <u>St Louis</u>				
FATHER	13. NAME <u>M. B. Lloyd</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis</u>			
MOTHER	15. MAIDEN NAME <u>Martha Oude</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis</u>			
17. INFORMANT (ADDRESS) <u>Mrs Anna K Lloyd</u> <u>St. Louis</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>3/3</u> 19 <u>33</u>				
19. UNDERTAKER (ADDRESS) <u>Beaman Rollney</u> <u>St. Louis</u>				
20. FILED <u>3-7</u> 19 <u>33</u> <u>Overshower</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1 1932 to March 1 1933
 I last saw him alive on March 1 1933 Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic parenchymatous nephritis 14-33
131
131
 Other contributory causes of importance: _____

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) E. M. L. Compton M. D.
 (Address) St. Louis 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.

APR 1 1933

