APR 24 1933

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

Do not use this space.

12142

1. PLACE OF DEATH

County Vernon — Registration District No. 877 — File No.

Township Bacon — Primary Registration District No. 4530 — Registered No. 8

City Schell City (No. 4530 St. Ward)

2. FULL NAME Maggie Reed Loyd

(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 female
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 Wm Loyd.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1849

7. AGE YEARS 83 MONTHS 5 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ohio

FATHER
13. NAME Wm Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Emma Carson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) May Raines

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove DATE Mar. 12, 1933

19. UNDERTAKER (ADDRESS) Lute Lewis & Son Schell City, Mo.

20. FILED 3-11-1933 H. C. Jarvis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Instant death, 19..., to no attending Physician, 19...

I last saw h— alive on —, 19... Death is said to have occurred on the date stated above, at 8:20 m.

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

Cardiac Insufficiency 95B

95B

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Sudden Death 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) H. C. Jarvis Registrar, M. D.

(Address) Schell City 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.

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