

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

Do not use this space.

**1. PLACE OF DEATH**

County Osage  
Township Linn  
City LOOSE CREEK (No. \_\_\_\_\_)

Registration District No. 644  
Primary Registration District No. 5853

File No. 17331  
Registered No. 5  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mary B. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-10-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 7 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Orleans, La  
(STATE OR COUNTRY)

10. NAME OF FATHER Ferdinand Foucault

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Camille Doche

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) France  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Lina Baker  
(Address) Loose Creek, Mo

15. FILED June 10 1933 Emily L. Natter  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1933

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1933 to May 26, 1933.  
that I last saw h. w. alive on March 25, 1933, and that death occurred, on the date stated above, at 7-55 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cancer of rectum colon  
46  
46 46 20 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? J. F. Jones, M. D.  
(Signed) \_\_\_\_\_, 19 \_\_\_\_\_ (Address) Linn Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Linn, MO DATE OF BURIAL MAY-28 1933  
ADDRESS

20. UNDERTAKER Morton & GERSCHESKE Linn, 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.

JUN 20 1933

PARENTS

