

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

Do not use this space.

**20015
2735**

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 6238 East 13th Street) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Frank Richard LLOYD

(a) Residence, No. 6238 East 13th Street Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
		Male	White	Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10, 1932</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		7	21	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>			
	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>Missouri</u>				
FATHER	13. NAME <u>Richard Lloyd</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Corum</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>Richard Lloyd, Father,</u> (ADDRESS) <u>6238 East 13th St.</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>St. Mary's</u> DATE <u>7/1/33</u> 19__				
19. UNDERTAKER <u>Melody McGilley</u> K C Mo. (ADDRESS) _____				
20. FILED <u>July 1, 1933</u> <u>M. M. Brown</u> <u>asst Registrar.</u>				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1933

22. I HEREBY CERTIFY that I attended deceased from June 28, 1933, to June 29, 1933.
I last saw him alive on June 29, 1933. Death is said to have occurred on the date stated above, at about 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Spontaneous (about 3 days)
1320
13A
12
Other contributory causes of importance:
Pulmonary (about 12 hours) June 29, 1933

Name of operation none Date of _____
What test confirmed diagnosis? Lab 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) J. H. Shawler M. D.
(Address) 1114 E. Broadway

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.

STATE OF MISSOURI—DEPARTMENT OF HEALTH—THIS IS A PERMANENT RECORD

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Sept 1860