

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

Do not use this space.

26523

1. PLACE OF DEATH

City Jackson Registration District No. 399
 Township Blue Primary Registration District No. 1007
 City Leeds Station (No. Leeds, B. Hosp.)
 St. Mo. Ward

File No. _____
 Registered No. 326
 St. _____ Ward

2. FULL NAME

Preston - Lloyd
 (a) Residence, No. 4829 E. 13 St. St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Preston - Lloyd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 - 1908
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 25 1 21
 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) Mo.

FATHER 13. NAME Mitchell - Davis

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

MOTHER 15. MAIDEN NAME Davis

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

17. INFORMANT (ADDRESS) A. B. Hospital - Leeds Station - R.C. - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Bellway DAY 1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Prater 418 Broadway Ave

20. FILED 8/15 1933 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15, 1932
 22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932 to Aug - 15, 1933
 I last saw him alive on Aug. 14, 1933. Death is said to have occurred on the date stated above, at 4:18 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
 Other contributory causes of importance: 77
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Sputum 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? _____
 If so, specify _____ (Signed) Paul C. Platt M. D.
 (Address) Leeds Station - B. Hosp.

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.

SEP 26 1933

