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

Do not use this space.

32770

1. PLACE OF DEATH
County: Greene — Registration District No.: 348 — File No.: 32770
Township: Murray — Primary Registration District No.: 2001 — Registered No.: 723
City: ~~Walnut Grove~~ Springfield (No. Baptist Hospital St. Ward)

2. FULL NAME: Lloyd Francis Killingsworth
(a) Residence, No. Walnut Grove 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.

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 22, 1903
7. AGE: Years 30 — Months 7 — Days 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Greene Co. Mo.

FATHER
13. NAME: Cleo Killingsworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greene Co. Mo.

MOTHER
15. MAIDEN NAME: Effie Lloyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greene Co. Mo.

17. INFORMANT (ADDRESS): Cleo Killingsworth Walnut Grove Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kelly Cemetery DATE: 10-13. 1933
19. UNDERTAKER (ADDRESS): Brown Funeral Home Walnut Grove Mo
20. FILED: 10-13 1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

3

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1933, to Oct 11 1933
I last saw him alive on Oct 11 1933. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis	10/2/33
121.A.03	
121.B.03	
121.C.03	
Other contributory causes of importance:	
Gangrenous Appendicitis	9/29/33

Name of operation: Appendectomy Date of: 10/7/33
What test confirmed diagnosis? 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? No
If so, specify
(Signed) Robert Glynn, M. D.
(Address) Springfield

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.