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.

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

Do not use this space.

41237

JAN 26 1934

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No.
Township Cen Bon homme — Primary Registration District No. 3037 — Registered No. 15
City Kirkwood (No. ..... St. ..... Ward)

2. FULL NAME Johanna Marie Lloyd
(a) Residence, No. 215 E Woodbine 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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Emil Lloyd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 15 1861
7. AGE: YEARS 72 — MONTHS 8 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeper
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: Frederick Dohr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ger

MOTHER
15. MAIDEN NAME: Marie Mamma
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ger

17. INFORMANT (ADDRESS): Richard F. Lloyd
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill DATE: 12-19 1933
19. UNDERTAKER (ADDRESS): Louis H Bopp, 131 Argonne Kirkwood Mo
20. FILED: 12-18 1933 Arnold T. Engle, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/16 1933
22. I HEREBY CERTIFY, That I attended deceased from 4/20 1933, to 12/16 1933
I last saw her alive on 12/16 1933. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	8/20/33
c̄ secondary pulmonary hemorrhage	12/16/33
23A	
23B	

Other contributory causes of importance: 23

Name of operation: none — Date of
What test confirmed diagnosis? Autopsy — 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) C. H. Leslie, M. D.
(Address) Kirkwood, Mo