

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.

1600

FEB 27 1934

1. PLACE OF DEATH

County Jasper
Township Rockland
City Poplarville (No. 22188)

Registration District No. 411
Primary Registration District No. 2007

File No. _____
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence, No. 22188 Galena 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chrene Lloyd

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1934, to Jan 13, 1934.
I saw him arrive on Jan 12, 1934. Death is said to have occurred on the date stated above at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1888

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 11 22

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

See self report of wound of chest & hemorrhage
167
10815

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

Name of operation _____ Date of _____

13. NAME Lloyd

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 1-12, 1934

15. MAIDEN NAME Charlotte

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Chrene Lloyd

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL MINEOLA, Texas DATE 1-17, 1934

Nature of injury _____

19. UNDERTAKER Wm. H. ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

20. FILED 1-16, 1934 Ed ... Registrar.

(Signed) W. J. ..., M. D.
(Address) _____

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