

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

Do not use this space.

8089

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
 Township Round Prairie Primary Registration District No. 1565  
 City (No. ) St. Ward

File No. \_\_\_\_\_  
 Registered No. 50

**2. FULL NAME**

Maggie Finley Loyd  
 (a) Residence, No. 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 F 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 Helen R. Loyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1882  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 6 26

OCCUPATION  
 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) Missouri

MOTHER FATHER  
 13. NAME Wm. McFutosh

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

MOTHER  
 15. MAIDEN NAME Emma Finley

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

17. INFORMANT (ADDRESS) H. R. Loyd, Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cloud Cem. DATE Mar. 16, 1934

19. UNDERTAKER (ADDRESS) Leg. of Wallace, Fulton, Mo.

20. FILED Mar. 16, 1934 R. N. Creech  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1934

9/4/33 HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to present time, 19\_\_\_\_.  
 I last saw her alive on Feb. 20th, 1934. Death is said

to have occurred on the date stated above, at 2 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma, Uterus, appendages, and all intestines.  
Diagnosed from operation and lab. test.

Other contributory causes of importance:

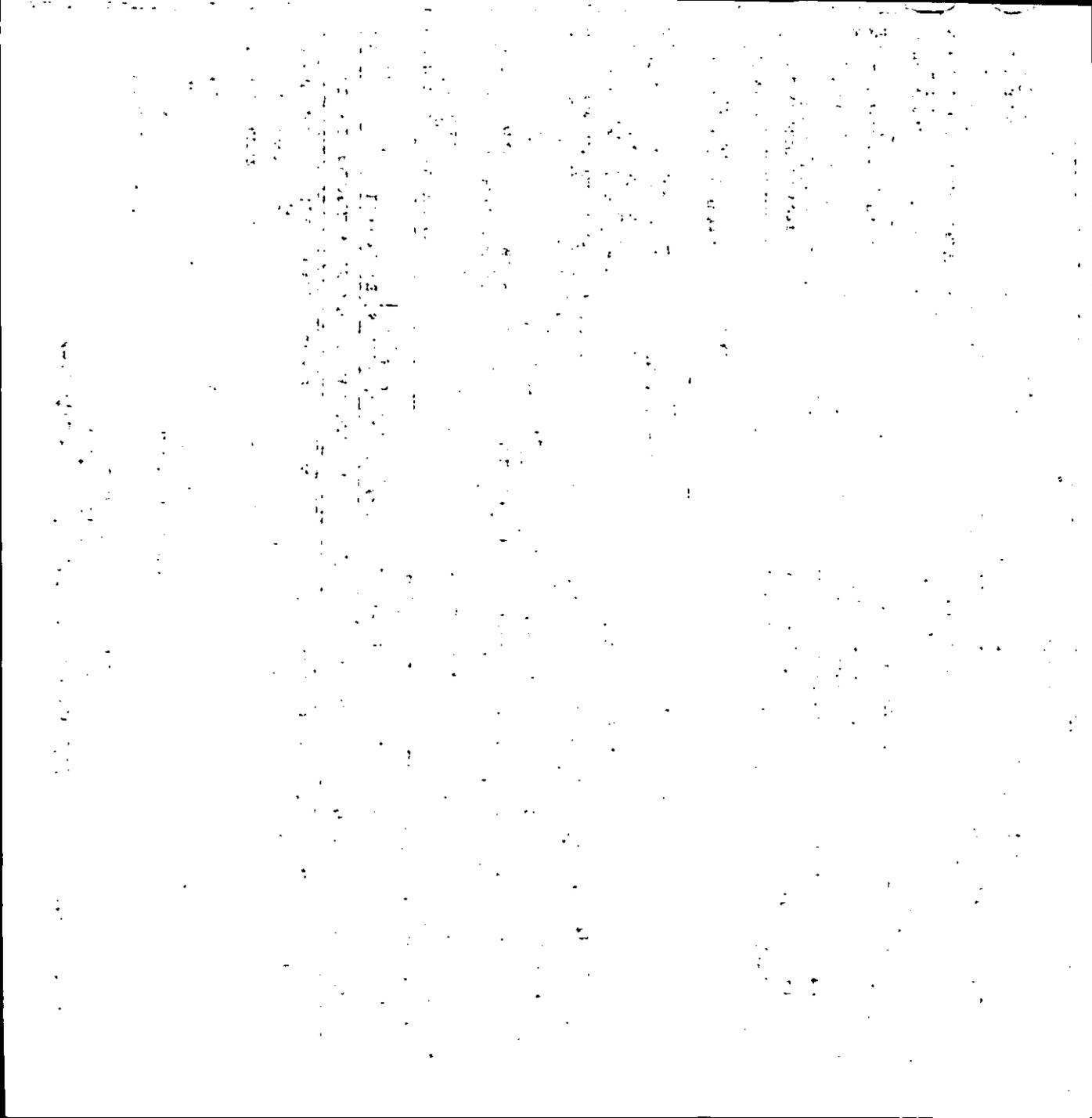
Name of operation Laparotomy exploratory  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Greene D. McCall M. D.  
 (Address) Fulton Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

8089

**1. PLACE OF DEATH**

County Ballwin Registration District No. 1341  
 Township Grand Kenner Primary Registration District No. 5765  
 City Ballwin (No.         ) St. Ballwin Ward         

File No.           
 Registered No.         

**2. FULL NAME**

Maggie Fenley Loyd

(a) Residence, No.          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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.         

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.           
 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)         

MOTHER FATHER 13. NAME         

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

15. MAIDEN NAME         

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

17. INFORMANT (ADDRESS)         

18. BURIAL, CREMATION, OR REMOVAL

PLACE          DATE         , 19        

19. UNDERTAKER (ADDRESS)         

20. FILED         , 19         R. M. Cross Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        .

I last saw him alive on         , 19        . Death is said to have occurred on the          day of         , 19        . The principal cause of death and related causes of importance were as follows:

Carcinoma uterus  
appendedages and all  
of the uterus  
do not  
Other contributory causes of importance: Origin  
of primary cancer  
Can carcinoma  
no autopsy

Date of onset         

Name of operation          Was there an autopsy?           
 What test confirmed diagnosis?         

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)         , M. D.  
 (Address)         

**SUPPLEMENTARY**

6808-5

36000

3600