

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

Do not use this space.

16988

1. PLACE OF DEATH

County Jackson Registration District No. 800
Township 1st Primary Registration District No. 2003
City St. Louis (No. 909 West 46th St.)

File No. _____
Registered No. 2357
St. _____ Ward

2. FULL NAME Mrs. Mary Ellen Loyd

(a) Residence, No. 909 West 46th Street St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10th, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 9 17

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

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) Ind.

13. NAME William Bohannon

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

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Mrs. Loyd (ADDRESS) 909 West 46th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Florian Cem. DATE 5/31/34 19.

19. UNDERTAKER W. J. Berry (ADDRESS) City

20. FILED May 29, 1934 m. m. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th, 1934

22. I HEREBY CERTIFY that the deceased described from _____ to _____, 19____
I last saw him _____ on _____, 19____. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows: Chronic Myocardial Infection Date of onset _____

Other contributory causes of importance: Autogenous Infection

Name of operation _____ Date of _____
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 _____
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 due to occupation of deceased? _____
If so, specify _____
(Signed) [Signature] M. D.
(Address) _____

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.

JUN 19 1934

