

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.

AUG 15 1934

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

Do not use this space.

25807

1. PLACE OF DEATH

County Peru

Registration District No. 653

File No. 25

Township Concord

Primary Registration District No. 5863

Registered No. 28

City

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

Ward _____

(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 m

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 Willie Lloyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1901

7. AGE

YEARS 33

MONTHS 0

DAYS 23

If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo

13. NAME M. W. Lloyd

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

15. MAIDEN NAME Matilda Wiggs

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

17. INFORMANT (ADDRESS) Raymond Lloyd Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Ridge

DATE 7-29

1934

19. UNDERTAKER (ADDRESS) Baldwin-Smith Co. Kennett, Mo

20. FILED 7-28

1934

J. M. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26 1934

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

I last saw him _____ live on _____, 19____. Death is said

to have occurred on the date stated above, at D.I.S.P. m.

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

Fractured neck and head battered.

Other contributory causes of importance:

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? accident Date of injury 7-26, 1934

Where did injury occur? road of highway 7 miles north of Kennett, Mo

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury auto accident

Nature of injury traumatic shock

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. M. Rhodes - Coroner

(Address) Hayts, Mo.

Pennescot

WASHINGTON

25

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: James Arthur Price Lloyd
Who died at _____ on July 26-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 33 Months 0 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Fractured neck and head

Birthplace of father (State or country) battered

Birthplace of mother (State or country) Supposed he lost control

Principal cause of death: D car, was alone, accident, happened on Highway #61 at night, no witnesses

Other contributory causes of importance _____

Name of operation _____ Date of _____ 2/10

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician J. P. Rhodes

Signature of Registrar [Signature] Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 653

Very truly yours,

Primary Reg. Dist. No. 5865

E. T. McGaugh M.D.
E. T.

Special Agent.