

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON Registration District No. 1002
Township KAW Primary Registration District No. _____
City KANSAS CITY (No. ST. MARY'S HOSPITAL)

39450

File No. _____
Registered No. 1961 St. _____ Ward _____

2. FULL NAME MRS. FRANCES JEWEL LOYD

(a) Residence, No. 3939-MANHEIM ROAD, Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROY WILSON LOYD
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT-19-1902
7. AGE YEARS 32 MONTHS 1 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FORE LADY
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. IRVING-PITT PLANT
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) DE WITT (STATE OR COUNTRY) MISSOURI

13. NAME GEORGE W. FOSTER

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

15. MAIDEN NAME ANNA DALEY

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

17. INFORMANT MRS. WILLIAM R. FISHER (ADDRESS) 2245 EAST 70TH ST

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE NOV-16 1934

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST

20. FILED 11-14 1934 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1934, to November 14, 1934

I last saw her alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 8:50 A.M.

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

Typhoid fever Date of onset 1933

Other contributory causes of importance: SB

Name of operation _____
What test confirmed diagnosis? clinical 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) J. Laurin M. D.
(Address) Medical City Bldg Kansas City Mo

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.

1010 Medical Arts Bldg.

1-5