

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

Do not use this space.

13220

MAY 27 1935

1. PLACE OF DEATH

County Gasper

Registration District No. 408

Township Carthage

Primary Registration District No. 353-2309

City Carthage

St. Mo.

Place of death McGee Hospital

File No. U

Registered No. U

St. Mo.

Ward

2. FULL NAME

Sam V. Lloyd

(a) Residence, No. 422

(Usual place of abode)

Central St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Janny Lloyd

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

Aug. 7, 1867

7. AGE

YEARS

68

MONTHS

7

DAYS

24

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

OCCUPATION

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

Foreman

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

Quarry

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

2 yrs. ago

11. Total time (years) spent in this occupation

42

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

Calloway Co. Missouri

FATHER

13. NAME

Frank Lloyd

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

Calloway Co. Missouri

MOTHER

15. MAIDEN NAME

Mary Victor

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

Calloway Co. Missouri

17. INFORMANT (ADDRESS)

Mrs. Janny Lloyd 422 Central - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ark. Cemetery

DATE

Apr. 2, 1935

19. UNDERTAKER (ADDRESS)

Full Mortuary Carthage Missouri

20. FILED

Apr. 2, 1935

S. B. Clinton

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935 to April 1, 1935

I last saw him alive on March 31, 1935 Death is said

to have occurred on the date stated above, at 4 A. m.

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

multiple emboli.
Pulmonary infarcts.
mesenteric thrombosis.
983

Date of onset

Other contributory causes of importance:

Hypertension and
arterio-sclerosis.

Name of operation none

Date of

What test confirmed diagnosis? clin. lab. 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)

Roy D. Clinton

M. D.

(Address)

Carthage Mo.

