

1 JUL 25 1935

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

Do not use this space.

20554

1. PLACE OF DEATH

74 County **Nodaway** Registration District No. **625**
Township..... Primary Registration District No. **2031**
9 City **Maryville** (No., St. Ward)

File No.
Registered No. **74**

2. FULL NAME **Ulysses Lloyd**

(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 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 Blanche Lloyd		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1867		
7. AGE YEARS 68	MONTHS 1	DAYS 8
IF LESS than 1 day, hrs. or min.		

OCCUPATION

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

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) **Nodaway Co.**
(STATE OR COUNTRY) **Mo**

FATHER

13. NAME **Maris Lloyd**

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

MOTHER

15. MAIDEN NAME **Sarah J. Gray**

16. BIRTHPLACE (CITY OR TOWN) **Nodaway Co.**
(STATE OR COUNTRY)

17. INFORMANT **Eldon Lloyd**
(ADDRESS) **Maryville, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Oak Hill** DATE **June 16, 1935**

19. UNDERTAKER **Price Funeral Home**
(ADDRESS) **Maryville, Mo.**

20. FILED **6-17**, 19**35** **Mamie E. Clardy**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-13**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 3, 1935**, to **June 13, 35**
I last saw him alive on **June 13, 1935**. Death is said to have occurred on the date stated above, at **6 P. M.**

The principal cause of death and related causes of importance were as follows:
Acute myocarditis with dilatation

Other contributory causes of importance
AS

Name of operation Date of
What test confirmed diagnosis? 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 **No**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Chas. J. Bell**, M. D.
(Address) **Maryville, Mo.**

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.

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