

SEP 16 1935

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

Do not use this space.

27114

## 1. PLACE OF DEATH

County Montgomery  
Township Bear Creek  
City Janesburg

Registration District No. 5-89  
Primary Registration District No. 4347

File No. ....  
Registered No. 13  
St. .... Ward)

## 2. FULL NAME

Emma Green Loyd

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1935

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

I HEREBY CERTIFY, That I attended deceased from July 24, 1935, to Aug. 20, 1935  
I last saw her alive on Aug. 20, 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1860

to have occurred on the date stated above, at 9:45 a.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
75 7 9

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

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

Gastro-Intestinal Infection Date of onset 7.10.35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co Mo

Other contributory causes of importance:  
Chr. Myocarditis  
Chr. Mucous Colitis

13. NAME Thomas L. Garrett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Mary Ann Moore16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Mrs Arlene Nelson18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence DATE Aug 22 193519. UNDERTAKER (ADDRESS) C M Shuman20. FILED Aug 25 1935 O A Ball Registrar

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 .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) H Walter Ciermann, M. D.  
(Address) Warrenton, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1  
2  
2

Please refer to the  
selection in a  
copy of  
P. 1000  
P. 1000