JUN 6 1936

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

Do not use this space.

19238

File No.

Registered No.

1. PLACE OF DEATH

County Henry — Registration District No. 347

Township Clinton — Primary Registration District No. 3019

City Clinton (No. ..... St. ..... Ward)

2. FULL NAME Lowry Marion Loyd

(a) Residence, No. 624 W Allen St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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): Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: David Loyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12 1905

7. AGE — YEARS: 31 — MONTHS: 2 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hickory Co

FATHER

13. NAME: John Bales

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

MOTHER

15. MAIDEN NAME: Unknown.

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

17. INFORMANT (ADDRESS): David Loyd Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Dunkard Cemetery DATE: June 25 19 36

19. UNDERTAKER (ADDRESS): Loyd Wilkinson Clinton Mo

20. FILED 6-1 1936 J. R. Houghton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 22 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15 1936, to June 22 1936

I last saw her alive on June 22 1936 Death is said to have occurred on the date stated above, at 1030 a.m.

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

Puerperal Infection — Date of onset 6-20-36

This Woman was treated by Dr Stepanek for 3 weeks before I was called

Other contributory causes of importance: 1450

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) E. A. Pelton M. D.

(Address) Clinton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

16M-3-28-35