

DEC 18 1936

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

Do not use this space.

40714

1. PLACE OF DEATH

County Clay ✓ Registration District No. 198  
Township Freshwater Primary Registration District No. 3011  
City Exp. Sport (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Eliza Jane Loyd

(a) Residence, No. Beale Building St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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 Thomas H. Loyd  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 - 1852  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 7 1  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) (STATE OR COUNTRY) Clay Co

13. NAME Thomas - Story

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

15. MAIDEN NAME Lucy Bouldin

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

17. INFORMANT (ADDRESS) Mrs. Margaret Ford

18. BURIAL, CREMATION, OR REMOVAL PLACE Clay Co DATE Nov. 21, 1936

19. UNDERTAKER (ADDRESS) John C. Prather

20. FILED 11 19 1936 Ann R. McManis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1936  
22. I HEREBY CERTIFY, that I attended deceased from Nov 1, 1936 to Nov 19, 1936  
I last saw him alive on Nov 19, 1936 Death is said to have occurred on the date stated above, at 8:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Accidental injury to left hip & thigh Date of onset 10/1, 1936

Other contributory causes of importance: Atherosclerosis & Chronic Myocarditis

Name of physician Chas. K. Roberts Date of \_\_\_\_\_  
When first 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? at home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury accidental fall on floor  
Nature of injury injury to left hip & thigh

24. Was disease or injury in any way related to occupation of deceased? no.  
If so, specify \_\_\_\_\_ M. D.  
(Signed) W. J. James  
(Address) Beale Bldg. Exp. Sport, Mo.

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

Pratt