

DEC 18 1936

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

Do not use this space.

41588

## 1. PLACE OF DEATH

County JasperRegistration District No. 408

File No. ....

Township UnionPrimary Registration District No. 5565

Registered No. ....

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

2. FULL NAME GEORGE LLOYD(a) Residence, No. Sarcoxie, Mo. Route 1. Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF<br><u>Alma E. Spring Lloyd</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>March 15, 1867</u>                            |                                  |   |
| 7. AGE  | YEARS <u>69</u>                  | MONTHS <u>7</u>   |
|   | DAYS <u>126</u>                  | IF LESS than 1 day, ..... hrs. or ..... min.                                |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.          |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Farming</u> |
|            | 10. Date deceased last worked at this occupation (month and year)<br><u>November 7, 1936</u>         |
|            | 11. Total time (years) spent in this occupation<br><u>Life</u>                                       |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown Kentucky13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown Unknown17. INFORMANT (ADDRESS)  
Myrtle Weaver Sarcoxie, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dugman DATE Nov. 11 - 3619. UNDERTAKER (ADDRESS)  
Wm. C. Lake Sarcoxie, Missouri20. FILED Nov. 11, 1936 S. B. Chilton  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1936 to Nov 9, 1936I last saw him alive on Nov 9, 1936. Death is saidto have occurred on the date stated above, at 12 P.M.

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

Pulmonary tuberculosis.Suicide, gunshot wound

Other contributory causes of importance:

DependancyName of operation: None Date of: Nov 9, 1936What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide: suicide Date of injury: 11-9-36Where did injury occur? Jasper Co. Mo. Farm home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Shot through chestNature of injury: Shot through chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: None(Signed) W. J. Taylor M. D.(Address) Sarcoxie, 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.

