

SEP 27 1937

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

Do not use this space.

31996

1. PLACE OF DEATH

County Stoddard
Township Liberty
City (No. _____) _____

Registration District No. 836
Primary Registration District No. 6098A

File No. 38
Registered No. 38
St. _____ Ward _____

2. FULL NAME

James 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen Lloyd (deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26, 1959</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>11</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
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)
White County, Illinois

MOTHER FATHER 13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Illinois

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Illinois

17. INFORMANT (ADDRESS)
S. G. Lloyd, Bernier, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
St. Stephens Church DATE Aug 11, 1937

19. UNDERTAKER (ADDRESS)
Dob H. Brown, Bernier, Mo

20. FILED Aug 10, 1937 T. Louise Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____, alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Unable to secure a physician. Had dysentery or Colitis. Other contributory causes of importance: and malaria

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy?

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 g

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) T. Louise Allen Registrar
(Address) Bernier, Mo 836

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.

