

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township Osage
City (No.) St. Ward

Registration District No. 53
Primary Registration District No. 0087

File No. 33595
Registered No. 33

2. FULL NAME Dorvin P. Lloyd ✓

(a) Residence. No. Rich Hill Missouri St. Ward.
(Usual place of abode)

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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27/37 19

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

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h. in alive on 19....., and that death occurred, on the date stated above, at m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17, 1888

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 48 4 10

Guns shot Wounded of Left Chest (Self Inflicted)

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work cook
(b) General nature of industry, business, or establishment in which employed (or employer) not active
(c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 167

9. BIRTHPLACE (CITY OR TOWN) Rich Hill Missouri
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH No

10. NAME OF FATHER George Lloyd

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Robert Smith M. D. 9/30, 1937 (Address) Corner, Bates Co., Mo. Rich Hill, Mo.

12. MAIDEN NAME OF MOTHER Sarah Alexander

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Vernon Co. Mo.

14. INFORMANT Mrs. Lloyd-Rich Hill Mo.
(Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenlawn Cemetery DATE OF BURIAL Sep. 30/37

15. FILED 1937 James J. Allen REGISTRAR

20. UNDERTAKER Booths. Rich Hill Mo. ADDRESS Rich Hill Mo

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

