

REC'D AUG 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County Vernon Co Registration District No. 880
Township Blue Mound Primary Registration District No. 6170
City 300 No. Dora Etha Lloyd St. Wacker, mo. Ward 12

File No. 27111
Registered No. 12

2. FULL NAME

(a) Residence, No. Wacker, mo. St. Wacker, mo. Ward 12

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora L Lloyd6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 - 18707. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 - 69 5 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) Ill13. NAME Frank Tector14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Myra Moore16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Dora Lloyd (ADDRESS) Wacker, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Howard DATE July 25 193919. UNDERTAKER Leite Lewis & Son (ADDRESS) Schell City, Mo20. FILED 7/24 1939 C. B. Jones Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1939I HEREBY CERTIFY, That I attended deceased from June 10 1939, to July 23 1939I last saw him alive on July 20 1939. Death is said to have occurred on the date stated above, at 4:15 m.The principal cause of death and related causes of importance were as follows: Chronic Myocarditis

Date of onset

Other contributory causes of importance: 130

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) C. B. Jones, M. D.790 (Address) Wacker, Mo

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

RECEIVED

District Health Officer No. 7;

District File Number 7-35-1216

Date Filed 8-11-39