

JAN 17 1940

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

Do not use this space.

43296

1. PLACE OF DEATH

County Franklin Registration District No. 290
Township Steen Primary Registration District No. 8408
City _____ (N) _____ St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME

304 Martha Adell 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 OH 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Sufant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29-39
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) near Senath MO

FATHER
13. NAME Marian Lloyd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett MO

MOTHER
15. MAIDEN NAME Leta Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kear Senath MO

17. INFORMANT (ADDRESS) Olean Wilson Senath MO

18. BURIAL, CREMATION, OR REMOVAL PLACE McLaur DATE Dec 4 39

19. UNDERTAKER (ADDRESS) A. A. ...

20. FILED Dec 16 1939 A. D. McDaniel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1939 to Dec 9 1939
I last saw her alive on Nov 29 1939 Death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset _____
Other contributory causes of importance: not varished

Name of operation _____ Date of _____
What test confirmed diagnosis? CG Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 0, 1939
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) Martha Adell Lloyd, M. D.

(Address) Senath 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.

RECEIVED

District Health Officer No. 3,

District File Number 140-762

Date Filed 1/5/40