

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.

JAN 4 1928

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

Do not use this space.

33309

1. PLACE OF DEATH

County Denny Registration District No. 352 File No. _____
 Township Davenport Primary Registration District No. 4209 Registered No. 16
 City Montrose (No. _____) St. _____ Ward _____

2. FULL NAME Era Lucile Loyd

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1923

7. AGE 4 YEARS 4 MONTHS 19 DAYS **IF LESS than 1 day, hrs. or min.**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) MO

10. NAME OF FATHER W. J. Loyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Lulia Stephen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Trenton
(STATE OR COUNTRY) Ga.

14. INFORMANT W. J. Loyd

(Address) Montrose MO

15. FILED 1/10 27 J. M. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9, 1927

17. I HEREBY CERTIFY, That I attended deceased from Montrose, MO, 1927, to Nov 9, 1927 that I last saw h. her alive on Nov 9, 1927, and that death occurred, on the date stated above, at 7 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A
107A
Labular Pneumonia
 (duration) yrs. mos. 9 da.

CONTRIBUTORY (SECONDARY) Mitrial Stenosis
don't know (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 90W
 IF NOT AT PLACE OF DEATH.

8 DID AN OPERATION PRECEDE DEATH DATE OF _____
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. W. Berry, M. D.
 , 19 (Address) Montrose

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Montrose County **DATE OF BURIAL** Nov 10 1927

20. UNDERTAKER F Lemutz **ADDRESS** Montrose MO

