

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

Do not use this space.

30687

SEP 23 1936

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Clinton mo Primary Registration District No. 3018
 City Clinton mo (No. _____) St. _____ Ward _____

2. FULL NAME Rose Marie Loyd
 (a) Residence, No. 407 S. M^c Lane 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
4 4 _____

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Data 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) Clinton mo

MOTHER FATHER
 13. NAME David Loyd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keeseville mo
 15. MAIDEN NAME Marge Bayless
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osceola mo

17. INFORMANT (ADDRESS) David Loyd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE July 26 1936

19. UNDERTAKER (ADDRESS) Spare & Saw

20. FILED 8-24 1936 J. R. Hampton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936 to Aug 25, 1936
 I last saw him alive on Aug 24, 1936 Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Gastro enteritis
Several acute
hepatitis
 Other contributory causes of importance:
1196

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cause 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) S. W. Walker M. D.
 (Address) Keeseville mo

NOTE: 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.

