

JAN 25 1937

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

Do not use this space.

44543

1. PLACE OF DEATH

County Jenny Registration District No. 348
Township Osage Primary Registration District No. 5486
City Brownsville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 267

2. FULL NAME

Wayshell Clayton 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Bell Loyd</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4 - 1856</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>11</u>	DAYS <u>4</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>			
	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. <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co Virginia</u>				
FATHER	13. NAME <u>James R Loyd</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Martha Ann Casady</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co Virginia</u>			
17. INFORMANT (ADDRESS) <u>Ira Bell Proster Brownsville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Zion</u> DATE _____ 19____				
19. UNDERTAKER (ADDRESS) <u>Paul C. Wilkinson Clinton Mo</u>				
20. FILED <u>Dec. 15 1936</u> <u>C. D. Taylor, M.D.</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1935, to Dec 15, 1936
I last saw h. i. m. alive on Dec 10, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Mitral Incompetency
Date of onset Dec 10 1936

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 house, 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) [Signature] M. D.
(Address) Brownsville Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X7284

THE STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

Know all men that I, the undersigned, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the files of the County Clerk of the County of San Diego, California.

Witness my hand and seal of office this 10th day of August, 1910.



NOTARIAL PUBLIC
My Commission Expires August 10, 1911

My Comm. Expires August 10, 1911

My Comm. Expires August 10, 1911

My Comm. Expires August 10, 1911

My Comm. Expires August 10, 1911