

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

Do not use this space.

JAN 29 1937

44547

**1. PLACE OF DEATH**

County Henry Registration District No. 957  
 Township Farmington Primary Registration District No. 4208  
 City Deepwater, MO (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 15

**2. FULL NAME**

Loretta Jean 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1929  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
7 5 3

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. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Deepwater, Missouri  
 (STATE OR COUNTRY)

FATHER 13. NAME Lenn Loyd

14. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Alice Downing

16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Lenn Loyd  
 (ADDRESS) Deepwater, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownston, MO DATE 12-24-36

19. UNDERTAKER Tom Hunt  
 (ADDRESS) Deepwater, MO

20. FILED 12-22 19 36 J. J. Russell  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1936  
 22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1936, to 12-22, 1936  
 I last saw her alive on 12-22, 1936. Death is said to have occurred on the date stated above, at 8 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Russell M. D.  
 (Address) Deepwater, 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.

