

REC'D AUG 10 1938

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

Do not use this space.

25442

1. PLACE OF DEATH

County

Henry

Registration District No.

347

Township

Clinton

Primary Registration District No.

3485

City

(No.

St.

Ward)

2. FULL NAME

William Dexter Loyd

300

(a) Residence, No.

Clinton mo. R.A.

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Susan Loyd

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

Jan 31 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

5

19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

7/14/38

11. Total time (years) spent in this occupation

all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Deepwater mo

MOTHER

FATHER

13. NAME

William Clayton Loyd

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

mo

15. MAIDEN-NAME

Nancy Angelina Ogden

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

Illinois

17. INFORMANT (ADDRESS)

Mrs. Marvin Long Clinton mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Englewood

DATE

7/21 38

19. UNDERTAKER (ADDRESS)

Consolidated & Pecos Clinton mo

20. FILED

7-23 1938

W. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 18

1938

22. I HEREBY CERTIFY, That I attended deceased from

July 16, 1938, to July 19, 1938.

Last saw him alive on July 16, 1938. Death is said

to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

Angine Pectoris

Date of onset

1936.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

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) Joseph B. O'Neill, M. D.

312 (Address) Clinton, 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.

