

Dr. W.

JUN 26 1935

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

Do not use this space.

13693

1. PLACE OF DEATH

County New Madrid
Township S. 7
City (No. _____) _____

Registration District No. 667
Primary Registration District No. 6803

File No. _____
Registered No. 25

2. FULL NAME

Lloyd Aloisius Posey

(a) Residence, No. _____ St. _____ Ward _____

Length of residence in city or town where death occurred _____ 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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 2 21

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

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) (STATE OR COUNTRY) Lexington, Ky

13. NAME Lloyd Posey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Mo.

15. MAIDEN NAME Ruth Edna Layton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Mo.

17. INFORMANT (ADDRESS) D. S. Sistiak, 211 Matthews, Kc 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood DATE 4/28/35

19. UNDERTAKER (ADDRESS) Morris Shelton, East Grand Ave., St. Louis

20. FILED April 25, 1935 Duff M. Hodges Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1935 to Apr 25, 1935

I last saw him alive on Apr 24, 1935 Death is said to have occurred on the date stated above, at 11:30 P. m.

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

113 - Diarrhea and Enteritis (under 2 yrs. of age) 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) Res. W. Whitaker, M. D.
(Address) East Prairie 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.

79

