

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.

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

Do not use this space.

34174

1. PLACE OF DEATH

County Madison
Township Central
City (No.) (St.) (Ward)

Registration District No. 638
Primary Registration District No. 0282

File No.
Registered No.

2. FULL NAME

Floyd Lunsford

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1928, to Oct 12 1928 that I last saw him alive on Oct 10 1928, and that death occurred, on the date stated above, at 3 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5, 1895

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 33 6 7

Pulmonary Tuberculosis
(duration) 2 yrs. mos. da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) SI (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Madison Co. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH:

10. NAME OF FATHER Noah Lunsford

19. DID AN OPERATION PRECEDE DEATH: DATE OF:

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Co.

20. WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Mary Collinger

WHAT TEST CONFIRMED DIAGNOSIS: (Signed) O. A. Myers, M. D. 10/13, 1928 (Address) Fredricktown, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Co.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) Reuben Lunsford

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grave La Motte DATE OF BURIAL Oct 13 1928

15. Oct 31 1928 C. U. Davis REGISTRAR

20. UNDERTAKER Ed. H. Webb ADDRESS Fredricktown Mo.

