

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.

Carten

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

Do not use this space.

1. PLACE OF DEATH

County *Jackson*
Township *Ran*
City *Kansas City* (No. *General Hospital*)

Registration District No. **399**
Primary Registration District No. **1002**

41027
6329-00
File No. *1000*
Registered No. *1000*
St. _____ Ward _____

2. FULL NAME

Floyd, N. J. Na
(a) Residence No. *1928 Wyandotte St.* 1 Ward.
(Usual place of abode)

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				
3. SEX <i>7</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Jan 20 1927</i>				
7. AGE	YEARS <i>27</i>	MONTHS <i>6</i>	DAYS <i>4</i>	IF LESS than 1 day, <i>hrs.</i> or <i>mins.</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Chief</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ka. Mo</i>				
PARENTS	10. NAME OF FATHER <i>Bill Floyd</i>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Florida</i>			
	12. MAIDEN NAME OF MOTHER <i>Prue Red</i>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>N. Mexico</i>			
14. INFORMANT <i>Recor Clerk</i> (Address) <i>H.C. Gent Res.</i>				
15. FILED <i>12-25-28</i> <i>M. M. Crow</i> REGISTRAR				

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12-24 1928*
17. I HEREBY CERTIFY That I attended deceased from *12-23 1928*, to *12-24 1928* that I last saw *h.l.* alive on *12-24 1928*, and that death occurred, on the date stated above, at *2:20 P.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
107A (Primary)
(duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ da.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
WAS THERE AN AUTOPSY _____
WHAT TEST CONFIRMED DIAGNOSIS *H. Genet*
2/25 1928 (Signed) _____ M. D.
(Address) *H.C. Gent Hosp.*
*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Maple Hill* DATE OF BURIAL *12-26 1928*
20. UNDERTAKER *O. West* ADDRESS *1916 East 10*

