

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

Do not use this space.

30722

1. PLACE OF DEATH

County Putnam Registration District No. 668 File No. 30722
 Township Jedalia Primary Registration District No. 3032 Registered No. 227
 City Jedalia No. General Hospital St. _____ Ward)

2. FULL NAME

Floyd Raymond Furl
 (a) Residence. No. 314 W. Gurney St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 14 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1916
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 9 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. School
 (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) Sabine Co Mo.

10. NAME OF FATHER Geo. A. Furl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bladen Mo.
12. MAIDEN NAME OF MOTHER Thelma Coffman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bladen Mo.

14. INFORMANT Henry A. Furl
 (Address) 314 W. Gurney St. Jedalia Mo.

15. FILED 9-5-1930
J. L. Love
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1930
17. HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Sept 4, 1930.
 that I last saw h. alive on Sept 4, 1930, and that death occurred, on the date stated above, at 2:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1919 Appendicitis
2 wks from surgery
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1170
 (duration) _____ yrs. _____ mos. _____ ds.

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

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 3-30
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical & of
 (Signed) Wm. O. Moore, M. D.
9-5-1930 (Address) 111 W 4 Jedalia Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jedalia Mo
DATE OF BURIAL 9/6/30
ADDRESS Wangler Bros Jedalia

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.

CG: 8 1930

