

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

Do not use this space.

7478

**1. PLACE OF DEATH**

County..... Registration District No. 107  
 Township St. Louis Mo. Primary Registration District No. 1003  
 City St. Louis Mo. (No. Sanitarium) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1807  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Floyd  
 (a) Residence No. 1013 N. Leffingwell Ave 13 Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21, 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 6 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Freight Handler  
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) " " " " " "

12. MAIDEN NAME OF MOTHER " " " " " "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " " " " " "

14. INFORMANT Bernard T. Koon  
 (Address) 5300 Arsenal Rd

15. FILED 11-13-31 W. E. Stanley  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 6 1931

17. I HEREBY CERTIFY, That I attended deceased from August 29, 1924, to February 6, 1931, that I last saw him alive on February 6, 1931, and that death occurred, on the date stated above, at 7:35 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

General Paralysis of the Insane (Syphilitic)  
83  
34

CONTRIBUTORY (SECONDARY) 83 (duration) 6 yrs. 5 mos. 9 ds. +

18. WHERE WAS DISEASE CONTRACTED Unknown

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory  
 (Signed) Bernard T. Koon M. D.

26 .1931 (Address) 5300 Arsenal

\*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 Washington Park DATE OF BURIAL 2-12-31

20. UNDERTAKER W. E. Stanley ADDRESS 4207 Jimmy

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.

