

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

Do not use this space.

32070

1. PLACE OF DEATH

County Wardell
Township Little River
City Wardell (No. _____)

Registration District No. 1099
Primary Registration District No. 5558

File No. _____
Registered No. _____

2. FULL NAME

Alva Lee Harrison Floyd

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Stibeston Mo

MOTHER FATHER
13. NAME Alva Lee Harrison Floyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandoussell Mo

MOTHER FATHER
15. MAIDEN NAME Myrtle Bean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mathews Mo

17. INFORMANT (ADDRESS) Ernest Floyd

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell DATE Sept 20, 31

19. UNDERTAKER (ADDRESS) B. M. Payne
Portageville, Mo

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1931, to Sept 20, 1931. I last saw him alive on Sept 18, 1931. Death is said to have occurred on the date stated above, at _____ m.

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

Cholera Infantum
119A
1176
130
119

Other contributory causes of importance:
colitis
nepluritis definite

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

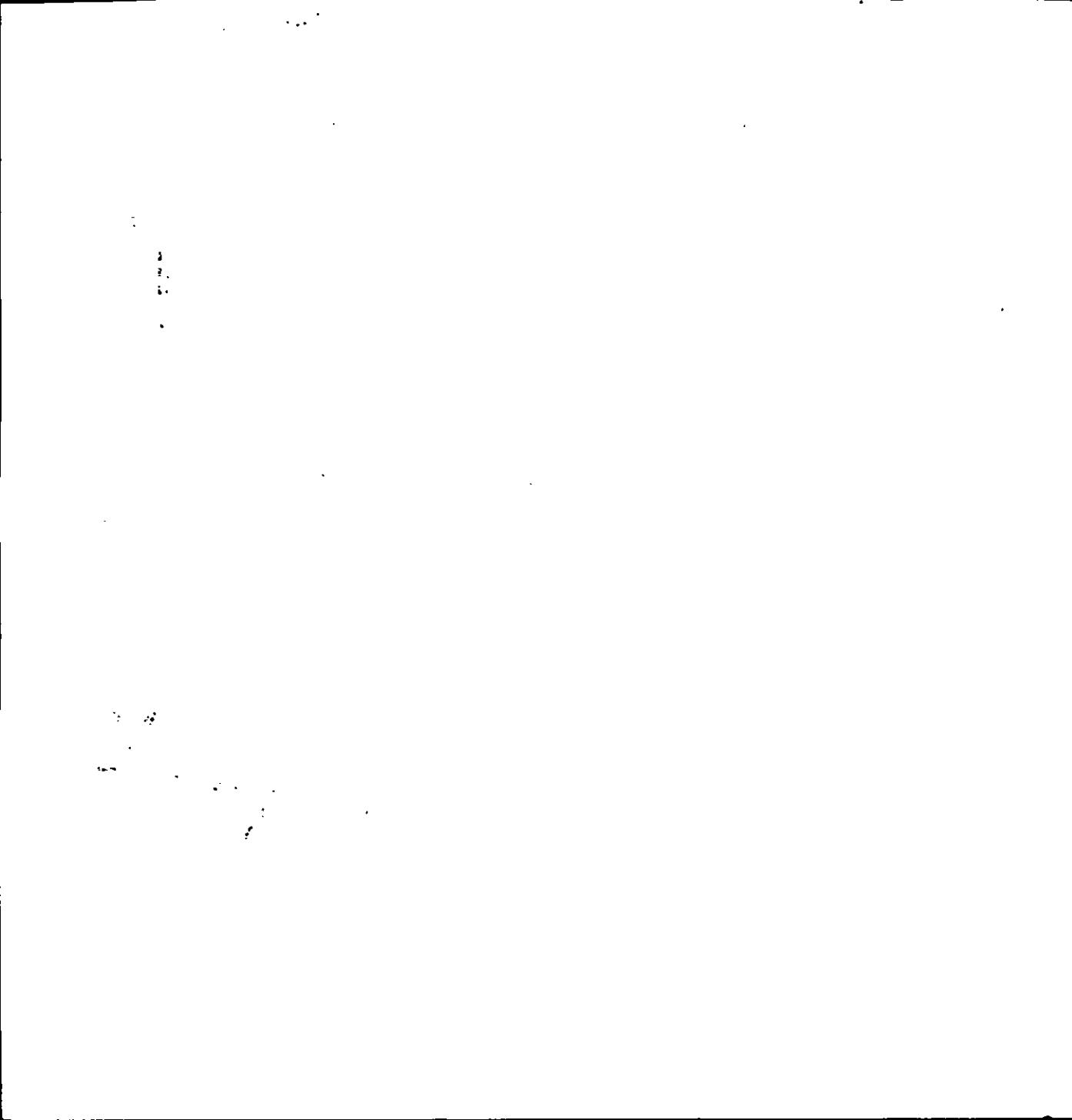
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 3-29

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 None
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) John J. McAuliffe M. D.
(Address) Wardell Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Geniess Registration District No. 1099 File No. _____
 Township Little River Primary Registration District No. _____ Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Alva Lee Harrison Floyd

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S.
(write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1 7 26

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 7 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (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) Wuberton mo

10. NAME OF FATHER

Clarence Floyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Wuberton mo

12. MAIDEN NAME OF MOTHER

Mathews Bean

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mathews mo

14. INFORMANT

(Address) Ernest Floyd

15. FILED

1931. 09. 21 Opal weese

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 19 31

17. I HEREBY CERTIFY That I attended deceased from Sept 18 1931 until I last saw him live on Sept 18, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cholera Infantum
 CONTRIBUTORY Colitis (duration) _____ yrs. _____ mos. _____ ds.
Nephritis Infantile (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) John F. McAlister, M. D.
 , 19 (Address) Wardell 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

DATE OF BURIAL

Wardell Sept 20 19 31

20. UMBERTAKER

ADDRESS

R. M. Payne Portageville mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-32000