

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.

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9 1932

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 325 N. Park)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 309 St. _____ Ward _____

2. FULL NAME

Alexander Floyd

(a) Residence, No. 525 N Park St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1861

7. AGE YEARS 71 MONTHS 6 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 11/22 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) 2

13. NAME John Floyd

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT Sarah Crum (ADDRESS) 525 N Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 11/22/32, 1932

19. UNDERTAKER M^cLaughlin Bros (ADDRESS) Sedalia Mo

20. FILED 11-22-1932

J. R. ROSE
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932 to Nov 21, 1932
I last saw him alive on Nov 20, 1932 Death is said to have occurred on the date stated above, at 10:30 am.

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

Interferential Influenza
IB
Other contributory causes of importance: IB

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 _____, 1932

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Substantia, M. D.
(Address) Sedalia MO

