

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

Do not use this space.

19377

1. PLACE OF DEATH

County Franklin
Township Prairie
City Man No. _____

Registration District No. 294
Primary Registration District No. 5-418

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Floyd Shelby Defer
(a) Residence, No. Laudell Mo 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Evelyn Defer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12 - 1904</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>7</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farming</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Laudell Mo</u>		
FATHER	13. NAME <u>James Defer</u>	
	14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Donora Mo</u>	
	15. MAIDEN NAME <u>Margie Sterling</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Laudell Mo</u>	
	17. INFORMANT (ADDRESS) <u>Evelyn Defer Laudell Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cem</u> DATE <u>6/21 - 23</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>W. E. Kitchell</u>		
20. FILED <u>6/20</u> 19 <u>37</u> <u>W. E. Kitchell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-37

22. I HEREBY CERTIFY, That I attended deceased from 6-18-37 1937 to 6-19-37 1937
I last saw him alive on 6/18 1937 death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Sporadic Meningitis

Other contributory causes of importance:

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 _____, 1937
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) W. E. Kitchell, M. D.
(Address) 91 - Chris -

Date of onset
6/18
37

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.

JUL 21 1937

