

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

Do not use this space.

36055  
2A

**1. PLACE OF DEATH**

County Cooper  
Township Kelly  
City Bunceton, Mo. (No. \_\_\_\_\_)

Registration District No. 219  
Primary Registration District No. 5207

File No. \_\_\_\_\_  
Registered No. 25 St. \_\_\_\_\_ Ward)

**2. FULL NAME** Maria Katherine Floyd

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. (If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

William Floyd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 1 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY) Mercer County

10. NAME OF FATHER Isaac Westerfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susan Pullian

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

14. INFORMANT Mrs. C. E. Floyd  
(Address) Bunceton, Mo.

15. FILED Nov 6 1937 Harris Poplar  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6<sup>th</sup> 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 1<sup>st</sup> 1933, to Nov 6<sup>th</sup> 1933 that I last saw her alive on Nov 5<sup>th</sup> 1933 and that death occurred, on the date stated above, at 3 A m.

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

Senile Debility

CONTRIBUTORY (SECONDARY) newly (duration) 3 mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS ✓

(Signed) W. H. Elliott, M. D.

, 19 (Address) Bunceton 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

Bunceton Masonic Cemetery Nov. 19 7

20. UNDERTAKER ADDRESS

L. G. Parker Bunceton, Mo.

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.

NOV 10 1933

PARENTS

