

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 29 1934
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, Mo. (No. Missouri Methodist Hospital) St. _____ Ward _____

File No. 19612
 Registered No. 750

2. FULL NAME Floyd L. Townsend

(a) Residence, No. 309 1/2 Felix Street, 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dorothy Townsend</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 21, 1911</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>0</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1934

I HEREBY CERTIFY, That I ^{visited} attended deceased from June 30, 1934, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Sunshot Wound (Homicidal) Date of onset 173
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 Other contributory causes of importance: jealousy over a woman

Name of operation none Date of _____
 What test confirmed diagnosis? Phys. by Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicidal Date of injury 6-29, 1934

Where did injury occur? St. Joseph
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Sunshot Wound (Homicidal)
 Nature of injury No. 12. Shotgun wound right temporal

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
 (Signed) James Thomas Conover
 (Address) 731 Jackson

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bolckow Missouri</u>
	13. NAME <u>Logan Townsend</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bolckow Missouri</u>
	15. MAIDEN NAME <u>Emma Violet</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rosendale Missouri</u>
	17. INFORMANT <u>Dorothy Townsend</u> (ADDRESS) <u>St. Joseph, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Auburn</u> DATE <u>July 2, 1934</u>
	19. UNDERTAKER (ADDRESS) <u>Fleeman Mortuary, Inc., St. Joseph, Mo.</u>
	20. FILED <u>7-2-34</u> <u>John R. Bender</u> Registrar.

