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

Do not use this space.

File No. 27344

Registered No. 7585

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1143, Walton Ave. St. Ward)

AUG 15 1934

2. FULL NAME Thomas I. Floyd

(a) Residence, No. 1143 Walton Ave. St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19th, 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	10	6	

OCCUPATION

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

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

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) Unknown

FATHER

13. NAME Thomas Floyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uuknown

MOTHER

15. MAIDEN NAME Emma Unknown

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

17. INFORMANT Mathilda Floyd
(ADDRESS) 1143 Walton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon Cem. DATE July 28, 1934

19. UNDERTAKER Drehmann Nana
(ADDRESS) 1905 Union Blvd.

20. FILED OCT 20 1934, 19.. J. Bueteck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1933 to July 25, 1934

I last saw h. alive on July 25, 1934 Death is said to have occurred on the date stated above, at 2 P.m.

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

	Date of onset
Pulmonary	Not known
23A Tuberculosis	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

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) C. J. Phelps M. D.

(Address) 711 N. Kingshighway St. Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr C J Shepard
711 N Kingshighway
10-12
2-4

SEP 27 1958