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.

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

JAN 2 8 1935

Do not use this space.

1. PLACE OF DEATH
County Pemiscot — Registration District No. 1102 — File No. 43920
Township Pascola — Primary Registration District No. 85870 — Registered No.
City Bragg City (No. , St. Ward)

2. FULL NAME Lucy Floyd
(a) Residence, No. (Usual place of abode) Bragg City St., Ward. (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Wm F. Floyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6 1897

7. AGE: YEARS 37 — MONTHS 6 — DAYS 19 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
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): Tenn

FATHER
13. NAME: H. F. Helms
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Mary Jobe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): W. F. Floyd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kenneth Mo DATE 12/26 1934

19. UNDERTAKER (ADDRESS): Lentz Fur Co. Kenneth Mo.

20. FILED 12/27 1934 Mrs T. A. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934 to Dec 23, 1934
I last saw her alive on Dec 23, 1934. Death is said to have occurred on the date stated above, at 6:30 m.a.
The principal cause of death and related causes of importance were as follows:

Bright Disease
131
9 v B
115 B
131

Date of onset
Surrel yrs.
duration

Other contributory causes of importance:
Hypertension
Mitral Insufficiency
Pyorrhea

Name of operation — Date of
What test confirmed diagnosis Lab Exam — 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) William F. Pitt, M. D.
(Address) Hayti Mo

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