

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

Do not use this space.

FEB 15 1937

4

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 5001  
City Richville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 6

**2. FULL NAME**

Julia May Floyd  
(a) Residence No. 515 E. Elm St. I 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-23-1868

| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS THAN 1 day, hrs. or min. |
|--------|-----------|-----------|-----------|----------------------------------|
|        | <u>68</u> | <u>10</u> | <u>21</u> |                                  |

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

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co Missouri

13. NAME Abner Fickle

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs Ethel Robb (ADDRESS) Livingston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Livingston DATE 1-16 1937

19. UNDERTAKER Reep Riley (ADDRESS) Richville Mo

20. FILED Jan. 16, 1937 Spencer Freeman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937, to Jan. 14, 1937

I last saw her alive on Jan. 14, 1937 Death is said to have occurred on the date stated above, at 8:55 P.M.

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

Malignancy of Bladder & Uterus with metastases to the intestine causing intubal obstruction  
Carcinoma of bladder  
Other (specify) \_\_\_\_\_

Date of onset \_\_\_\_\_

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 \_\_\_\_\_, 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? No

If so, specify \_\_\_\_\_ (Signed) A. D. McClure M. D.

(Address) Richville, Mo.

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.

