

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

Do not use this space.

**MAY 31 1937**

**1. PLACE OF DEATH**

County Christian  
Township Mass  
City Franklin, Mo.

Registration District No. 1143  
Primary Registration District No. 5845

File No. 17143  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Missouri E. Floyd

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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**

<b>3. SEX</b> <u>fw</u>	<b>4. COLOR OR RACE</b> <u>wh</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> ( <i>write the word</i> ) <u>widow</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>J. M. Floyd</u>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>April 213 -</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>72</u>	<b>MONTHS</b> <u>10</u>	<b>DAYS</b> <u>1</u>	<b>IF LESS than 1 day,</b> _____ hrs. or _____ min.
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Housewife</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Carlisle, Ill.</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>Andrew J. Lasley</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Franklin, Mo.</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Thomasina</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Franklin, Mo.</u>			
<b>17. INFORMANT (ADDRESS)</b> <u>Robert Floyd, Franklin, Mo.</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE DATE</b> <u>Franklin, Mo. 2-25-37</u>				
<b>19. UNDERTAKER (ADDRESS)</b> <u>W. H. Rogers, Franklin, Mo.</u>				
<b>20. FILED</b> <u>June 6 1937</u> <u>Mrs. A. O. Roberts</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 2-25-37, 1937

**22. I HEREBY CERTIFY, That I attended deceased from**  
2-11-37, 19  , to 2-24-37, 19    
I last saw h. ex. alive on 2-12-37, 19  . Death is said to have occurred on the date stated above, at 6:30 a. m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Gall-bladder & bile ducts.  
started in gall bladder.

**Other contributory causes of importance:**  
2 40

**Name of operation** \_\_\_\_\_ **Date of** \_\_\_\_\_  
**What test confirmed diagnosis?** 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?** NO  
**If so, specify** \_\_\_\_\_  
(Signed) E. C. Bohrer, M. D.  
(Address) West Plains, Mo.

Dr Bohrer



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Oregon Registration District No. 1143  
 Township Moore Primary Registration District No. 5845  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 17143  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Missouri E. Floyd

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>and</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. M. Floyd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 23 1865</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>10</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carlisle</u>	
	13. NAME <u>Andrew J. Lawley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thomasville</u>	
MOTHER	15. MAIDEN NAME <u>Nancy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thomasville</u>	
	17. INFORMANT (ADDRESS) <u>Robert M. ...</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thomasville</u> DATE <u>2-25</u> 19 <u>37</u>	
	19. UNDERTAKER (ADDRESS) <u>Robert M. ...</u>	
	20. FILED <u>June 8 1937</u> Mrs A.O. Roberts Registrar	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-11 to 2-24 1937  
 I last saw her alive on 2-12 1937. Death is said to have occurred on the day stated above, at 6:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of gall bladder and bile ducts Date of onset \_\_\_\_\_  
 started 46  
 Other contributory causes of importance:  
chronic gall bladder

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. C. Bohrer M. D.  
 (Address) West Plains no

S-17143