

JUN 25 1937

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

Do not use this space.

20867

1. PLACE OF DEATH
 County Oregon Registration District No. 114.3
 Township Indore Primary Registration District No. 5845 File No. 3
 City Thomassville (No. _____) St. _____ Ward _____
 Registered No. _____

2. FULL NAME Emma Floyd
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 90 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1864

7. AGE YEARS 72 MONTHS 10 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Carlyle, Ill.

13. NAME A. J. Lasley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thomassville, Mo.

15. MAIDEN NAME Nancy Dial

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thomassville, Mo.

17. INFORMANT (ADDRESS) Maud Floyd Thomassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Went Plains, Mo. DATE 2-25-37

19. UNDERTAKER (ADDRESS) Robert W. Mortimer, Went Plains, Mo.

20. FILED June 6 1937 Walter C. Roberts Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1937, to 2-25-1937

I last saw her alive on 2-11-1937. 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 and bile ducts
 Date of onset 1936

Other contributory causes of importance: No

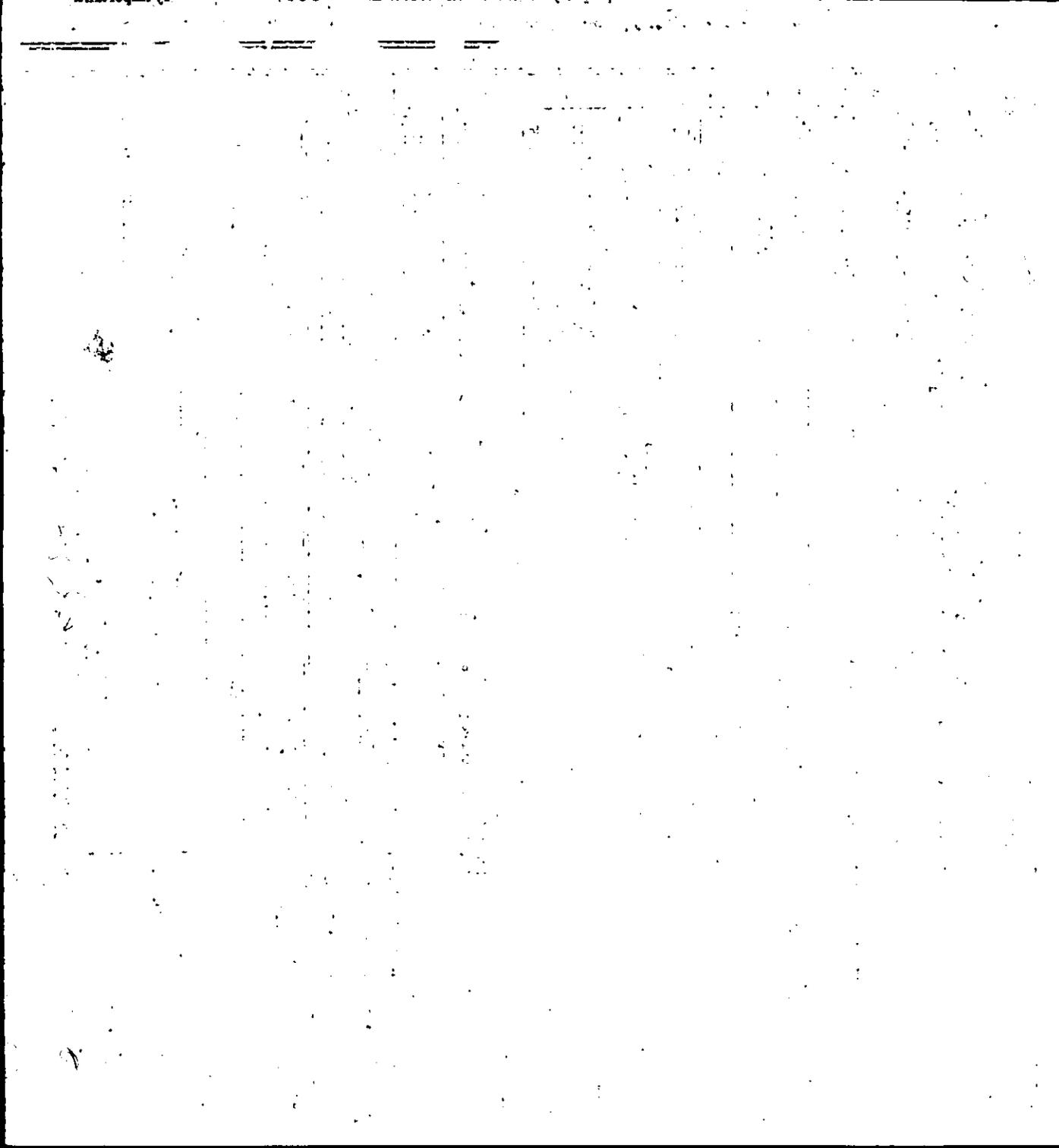
Name of operation _____ Date of _____
 What test confirmed diagnosis? exam Was there an autopsy? no

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) Went Plains, Mo.

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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Oregon
Township Madre
City (No.) (St.) (Ward)

Registration District No. 1143
Primary Registration District No. 5843-

File No. 20867
Registered No.

2. FULL NAME

Emma 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED June 6, 1937 P. Roberts Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from to 19...
I last saw h..... alive on 19... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:
Date of onset

CARCINOMA OF GALL BLADDER AND BILE DUCTS
Primary gall bladder

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?
If so, specify

(Signed) E. C. Baker, M. D.
(Address) West Plains, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-20867