

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

Do not use this space.

**JUL 10 1937**

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Kennett Mo (No. Wesley Hosp. 1)

Registration District No. 399  
Primary Registration District No. 1002

File No. 22732  
Registered No. 615 PSE  
St. Kennett (Ward)

**2. FULL NAME**

(a) Residence, No. Donald Ray Floyd St. Cowgill, Mo. Ward. 1  
(Usual place of abode) (If possident, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1937

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) K6, Mo

13. NAME John Everst Floyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knot County, Kentucky

15. MAIDEN NAME Lidia Mae Coit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Beat, Missouri

17. INFORMANT (ADDRESS) John E. Floyd Cowgill, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cowgill, Mo DATE June 10 37

19. UNDERTAKER (ADDRESS)

20. FILED of 10 37 M. Marom Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937 to June 10, 1937

I last saw him alive on June 10, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Developmental defect of heart. Congenital Cardiac Defect. Birth.

Other contributory causes of importance: Blue baby. 157C

Name of operation none. Date of

What test confirmed diagnosis? Physical 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) A. V. Steffy M. D.

(Address) 1103 Grand Ave.

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.

