

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard  
Township Richland  
City..... (No. .... St. .... Ward)

Registration District No. 839  
Primary Registration District No. 6101

File No. 25063  
Registered No. 20

2. FULL NAME Bobby Joe Florida

(a) Residence, No. .... St. .... 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) 2

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 1 21

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) Stoddard Co

13. NAME Mac Florida

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

15. MAIDEN NAME Edna Brown

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

17. INFORMANT (ADDRESS) Mac Florida

18. BURIAL, CREMATION, OR REMOVAL

PLACE Laylor DATE 6 24 37

19. UNDERTAKER (ADDRESS) Blaustein & Strickland

20. FILED 6-24 37 J.P. Bruden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 22, 1937, to 6 24, 1937

I last saw him alive on 6 22, 1937. Death is said to have occurred on the date stated above, at 6 p. m.

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

Colitis

Date of onset

Other contributory causes of importance:

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) W.H. Hunt, M. D.

(Address) Essex

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.

