

FEB 9 1939

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

Do not use this space.

2912

1. PLACE OF DEATH

County Lincoln
Township Bedford
City Troy Mo (No. 690)

Registration District No. 491
Primary Registration District No. 5654

File No.
Registered No. St. Ward)

2. FULL NAME

Floyd Lee Creech

(a) Residence, No. Troy Mo St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1879

7. AGE YEARS 59 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.

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

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) Troy (STATE OR COUNTRY) Missouri

13. NAME Emanuel Creech

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

15. MAIDEN NAME Susan Calloway

16. BIRTHPLACE (CITY OR TOWN) Lincoln County (STATE OR COUNTRY) Missouri

17. INFORMANT Anna Creech (ADDRESS) Troy Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Alexander Cem. DATE Feb 8 1939

19. UNDERTAKER Wayne McElroy (ADDRESS) Troy Mo

20. FILED 2-8 1939 Mrs. Pearl Muel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/3 1939, to 2/6 1939. I last saw him alive on 2/4 1939. Death is said to have occurred on the date stated above, at 11:59 a.m.

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

Carcinoma Liver Date of onset

Other contributory causes of importance: 410

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) J. B. Hoeger M. D.
Whitefield 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.

