

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

32674
 Do not use this space.

OCT 18 1940

1. PLACE OF DEATH
 (a) County New Madrid Registration District No. 607
 (b) Township Portageville Primary Registration District No. 5806 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME J. D. Floyd
 (a) Residence, No. Portageville - Sun. Del. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) April 9 - 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Hayti, Mo.

FATHER
13. NAME Ernest Floyd
14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Charleston Mo.

MOTHER
15. MAIDEN NAME Grace Dark
16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) El Dorado Ark.

17. INFORMANT (ADDRESS) Mrs. Ernest Floyd
Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell, Mo. DATE Sept. 9, 1940

19. FUNERAL DIRECTOR (ADDRESS) A. J. Emerson
Portageville, Mo. 535

20. FILED Sept 9, 1940 Mary W. Cook
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1940

22. I HEREBY CERTIFY That I attended deceased from 8-28, 1940, to 9-7, 1940.
 I last saw h. / M. alive on 8-28, 1940. Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:
Ricketts
12

Other contributory causes of importance:
malnutrition
(varicella)

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? _____
 Also, specify _____
 (Signed) John Killian, M. D.
 (Address) Portageville, Mo.

Date of onset Birth
32nd
Jan 1940

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.

RECEIVED

District Health Officer No. 2,

District File Number 1040-157

Date Filed 10/3/40

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)