

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

Do not use this space.

20185

1. PLACE OF DEATH

County Steuery
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2. Carter St. 2nd Ward.

(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 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 27

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

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) Osageville Missouri

13. NAME Dr. W. C. Floyd

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

15. MAIDEN NAME Nancy C. Ogden

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

17. INFORMANT (ADDRESS) Emily Floyd Haber Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eaglewood DATE 6-9-1934

19. UNDERTAKER (ADDRESS) Miss Geneva Home Clinton Missouri

20. FILED 6-8 1934 Dr. J. H. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1933 to June 7 1934

I last saw him alive on June 5 1934 Death is said to have occurred on the date stated above, at 4:35 p. m.

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

Cerebral hemorrhage
old
July 17/33

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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) S. B. Hughes, M. D.
(Address) Clinton, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 10 1934

Dr. W. C.

