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

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.

NOV 20 1936

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

Do not use this space.

37943

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 100 ✓

City: Kansas City (No. 3229 E-9th St. Ward)

File No.:

Registered No.:

2. FULL NAME: Earl B Floyd

(a) Residence, No. 7014 Santa Fe Trail St. Ward. Johnson Co (If nonresident, give city or town and State)
(Usual place of abode)

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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emily C Floyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr-23-1887

7. AGE: Years 49 Months 6 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Taylor Laundry

10. Date deceased last worked at this occupation (month and year): Oct-31-36

11. Total time (years) spent in this occupation: 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chadron Nev

FATHER

13. NAME: Edward J Floyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

MOTHER

15. MAIDEN NAME: Mary Brenizer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Emily C Floyd 7014 Santa Fe Trail

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt Moriah DATE: Nov-3 1936

19. UNDERTAKER (ADDRESS): W W Mem Comers Sons Kansas City - Mo.

20. FILED: Nov. 2 1936 M. Morrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct-31 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....

I last saw ..... alive on ....., 19..... Death is said to have occurred on the date stated above at ..... m.

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

Date of onset

Chronic Pelvitis

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) ..... M. D.

(Address) .....

SEP 1 6 1942