

REC'D MAY 22 1939

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

15622

Do not use this space.

## 1. PLACE OF DEATH

(a) County New Madrid Registration District No. 605  
(b) Township Como Primary Registration District No. 4359 Registered No. \_\_\_\_\_  
(c) City Parma (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

Mary Floyd MARY FLOYD  
(a) Residence, No. \_\_\_\_\_ 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 Female 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 W.M. Floyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 1 12

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

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) Cape County Mo.13. NAME James Cox14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordonville MO15. MAIDEN NAME Virginia Woodfin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordonville Mo.17. INFORMANT (ADDRESS) W.M. Floyd  
Parma Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter DATE May 4 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins  
Parma Mo20. FILED May 3 1939 St. Louis 534 (Address) Parma  
Legal Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 25 1939 to May 3 1939  
I last saw him alive on May 3 1939 Death is said to have occurred on the date stated above, at 59 m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset \_\_\_\_\_

Other contributory causes of importance: 22

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Microscopic Was there an autopsy? Y

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. J. [Signature], M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. -

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**