

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.

APR 19 1939

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

Do not use this space.

11631

1. PLACE OF DEATH

County Montgomery
Township
City Middletown (No. 4397)

Registration District No. 591
Primary Registration District No. 5799

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

2. FULL NAME

Winfield Gott Floyd

(a) Residence, No. _____ St. _____ Ward _____

(b) Usual place of abode _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 81 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

Susie Floyd

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

April 29-1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>85</u>	<u>11</u>	<u>1</u>	

OCCUPATION

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.

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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)

Penn

MOTHER FATHER

13. NAME

James Floyd

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

Penn

15. MAIDEN NAME

Elizabeth Pyles

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

Penn

17. INFORMANT

Mrs. E. K. Pew
(ADDRESS) Wellsville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Middletown Mo DATE April 1, 1939

19. UNDERTAKER

(ADDRESS) Dutchess - Hubme
Middletown Mo

20. FILED

3/31 1939 Arch Bigg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1939

22. I HEREBY CERTIFY, That I attended deceased from April 12 1936, to Mar 31 1939

I last saw him alive on Mar 29 1939. Death is said to have occurred on the date stated above, at 8 P. m.

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

Chronic Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Sputum. 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) Arch Bigg, M. D.

(Address) Middletown Mo.

