

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.

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

PLACE OF DEATH
County Jasper
Township _____ Registration District No. 417 File No. 13494
or _____ Primary Registration District No. 3021 Registered No. 75
Village _____
or _____
City Webb City (NO. 908 N. Webb St.: _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Floyd M. Heath

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>Aug. 14</u> , 1 <u>889</u> (Month) (Day) (Year)		
AGE <u>23</u> yrs. <u>7</u> mos. <u>17</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Miner 5-910</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Lead and Zinc</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Jowanda Mo.</u>		
PARENTS	NAME OF FATHER <u>J. H. Heath</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Jell. Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Jessie Safford</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Rockford Ill.</u>	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>Apr 1</u> , 191 <u>3</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <u>Mar 15</u> , 191 <u>3</u> , to <u>Apr 1</u> , 191 <u>3</u> , that I last saw him alive on <u>Apr 1</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>4 A</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>Lobar</u> <u>103</u> (Duration) yrs. mos. <u>15</u> ds.
Contributory (SECONDARY) <u>Dum</u> (Duration) yrs. mos. ds.
(Signed) <u>A. S. Crowder</u> M. D. <u>Apr 2</u> , 191 <u>3</u> (Address) <u>Webb City Mo.</u>
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds. Where was disease contracted if not at place of death? _____ Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jessie Heath
(ADDRESS) Webb City Mo.
Filed April 2, 1913 A. H. Baird
REGISTRAR

PLACE OF BURIAL OR REMOVAL
Hild Rose Cem.
DATE OF BURIAL
Apr 3, 1913
UNDERTAKER
J. S. Stidham & Co
ADDRESS
Webb City Mo.