

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.

FEB 18 1936

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

Do not use this space.

553

1. PLACE OF DEATH

County..... Cedar
Township..... Box
City..... (No....., St..... Ward.....)

Registration District No..... 163
Primary Registration District No..... 5228

File No.....
Registered No..... 3

2. FULL NAME..... FLOYD E. TEAGUE

(a) Residence, No..... St..... Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. 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) 妻 夫 Della E Teague

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 5 11

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.....
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) Cedar County, Mo.,

FATHER 13. NAME Wm S Teague

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

MOTHER 15. MAIDEN NAME Mary Lovins

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

17. INFORMANT Floyd Teague, Jr. (ADDRESS) Eldorado Springs, Mo.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Dell (Cem) DATE I/16/1936

19. UNDERTAKER GWINN-Siders (ADDRESS) Eldorado Springs, Mo.

20. FILED 1/14 1936 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/14 1936

22. I HEREBY CERTIFY, That I attended deceased from November 28 1935, to December 29, 1935. I last saw him alive on December 29, 1935. Death is said to have occurred on the date stated above, at 4:30 P. M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary Date of onset

Other contributory causes of importance: Influenza Nov. 28 1935

Name of operation..... Date of.....
What test confirmed diagnosis? None 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) J. R. Williams, M. D.
(Address) Eldorado Springs,

