

OCT 22 1935

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

Do not use this space.

29055

## 1. PLACE OF DEATH

County ClintonRegistration District No. 204Township BrookPrimary Registration District No. 3013City Cameron (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 442. FULL NAME William J. Taylor(a) Residence, No. East 6th. 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. \_\_\_\_\_ 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8th. 18707. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
64 II IO8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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) Davies County, (STATE OR COUNTRY) Mo.13. NAME Geo. W. Taylor14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)15. MAIDEN NAME Rebecca Daly,16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)17. INFORMANT Mrs. Wm. J. Taylor (ADDRESS) Cameron, Mo.18. BURIAL, CREMATION, OR REMOVAL Christian Chapel Cem. DATE Sept. 21, 193519. UNDERTAKER O. A. Moore, (ADDRESS) Cameron, Mo.20. FILED Sept 20 1935 Dr. Ch. Risley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 193522. I HEREBY CERTIFY That I attended deceased from Jan 10 1933 to Sept 15 1935I last saw him alive on Sept 15 1935. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Carcinoma of prostate

Date of onset \_\_\_\_\_

Other contributory causes of importance: 5

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) W. R. Sitters, M. D.(Address) Cameron Mo

Cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

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.

