

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

PLACE OF DEATH

County Jackson

Township _____

or

Village _____

or

Stans City (City or town) Red Cross Hospital (Hospital or institution) 17 (Ward)

Registration District No. 399

File No. 16646

Registered No. 1982

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Charles C Taylor

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF DEATH June 12, 1910
(Month) (Day) (Year)

DATE OF BIRTH July 11, 1868
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 7, 1910, to June 17, 1910, that I last saw him alive on June 17, 1910, and that death occurred, on the date stated above, at 10:45 a. m.

AGE 41 yrs. 11 mos. 1 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Diabetic Coma

OCCUPATION (a) Trade, profession, or particular kind of work Photographer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

59 (Duration) 17 hrs. mos. ds.
Diabetic Mellitus

BIRTHPLACE (City or town, State or foreign country) Indiana

Contributory (SECONDARY) Diabetic Mellitus
(Duration) Several months

NAME OF FATHER Unknown

(Signed) M. J. Owens M. D.
6/13 1910 (Address) Greenwood

BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER UNKNOWN

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) UNKNOWN

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) Mrs Charles C Taylor

Where was disease contracted if not at place of death? _____

(ADDRESS) 2828 Cherry

Former or usual residence _____

Filed JUN 13 1910 Ever Dams REGISTRAR

PLACE OF BURIAL OR REMOVAL Liberty Mem DATE OF BURIAL 6-14 1910

UNDERTAKER Egler Bros ADDRESS 1401 Main

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.

