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.

OC 24 1927

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

Do not use this space.

25258

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township — Primary Registration District No. 3036 — Registered No. 125

City St Charles (No. 712 Kings Highway St. Ward)

2. FULL NAME John Chamberlaine Tayon

(a) Residence. No. 712 Kings Highway St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10-1927

7. AGE: Years — Months — Days — If LESS than 1 day, 10 hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Tayon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Grace Brooks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Arkansas

14. INFORMANT John L Tayon
(Address) 712 Kings Highway

15. FILED 8-11, 1927 Otto Bockemeier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1927

17. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___, that I last saw him alive on ___, 19___, and that death occurred, on the date stated above, at 9.50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature
(Cause not known)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16 A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs

(Signed) B. P. Wentker, M. D.
8/11, 1927 (Address) St. Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Charles Barrones Cemetery — DATE OF BURIAL: Aug 11 1927

20. UNDERTAKER: H. Dallmeyer & Sons Co — ADDRESS: 800 N. Second St.