

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

Do not use this space.

34221

1. PLACE OF DEATH

County Johnson Registration District No. 431
 Township Warrensburg Primary Registration District No. 5588
 City Warrensburg (No. , St. Ward)

2. FULL NAME

(a) Residence. No. Johnson Co. St. Ward.
 (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 Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-29-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
54 10 8

8. OCCUPATION OF DECEASED Laborer
 (a) Trade, profession, or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Holden Mo.
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Henry Taylor.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.
 12. MAIDEN NAME OF MOTHER Belle Carmichael
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

14. INFORMANT Henry Taylor
 (Address) Warrensburg Mo.

15. FILED Oct 9, 29 Wm Patterson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7, 1929 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1929, to Oct 7, 1929, that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 9.30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Was brought from Illinois to Warrensburg in an emergency condition. I hear he had been in an asylum more than a year and not be drowned
 (duration) yrs. mos. ds.
 CONTRIBUTORY Presumptive diagnosis of
 (SECONDARY) summa of brain
34 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) L. J. Schaefer M. D.
Oct 9, 1929 (Address) Warrensburg 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 Sunset Hill, Wbg. Mo. DATE OF BURIAL 10-8-1929

20. UNDERTAKER L. C. Gore ADDRESS Wbg Mo.

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.

