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.

MAY 25 1931

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

Do not use this space.

14551

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township Marion — Primary Registration District No. 3020 — Registered No.
City Carthage (No. , St. Ward)

2. FULL NAME William Herman Taylor
(a) Residence, No. 1100 Regan St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. — mos. 8 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) April 11, 1925
7. AGE: YEARS 6 — MONTHS 0 — DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Carthage Mo. 1

FATHER
13. NAME William Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora, Missouri

MOTHER
15. MAIDEN NAME Sarah Pinkley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, Missouri

17. INFORMANT (ADDRESS) Mrs. Wm. Taylor, Carthage, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Oak Hill DATE April 19, 1931
19. UNDERTAKER (ADDRESS) Knell Mortuary, Carthage, Mo.
20. FILED 4/19 1931 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1931
22. I HEREBY CERTIFY, That I attended deceased from April 16, 1931, to April 19, 1931. I last saw her alive on April 18, 1931. Death is said to have occurred on the date stated above, at 3 28 m.
The principal cause of death and related causes of importance were as follows:
Influenza & Pneumonia — Date of onset
6
11A
Other contributory causes of importance:
Small Pox
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) K. E. Baker M. D.
(Address) Carthage Mo