

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

Do not use this space.

32031

1. PLACE OF DEATH

County Demarest Registration District No. 601
 Township Little Prairie Primary Registration District No. 5862
 City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 180

2. FULL NAME Bill Taylor

(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 35

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

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) unknown 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

13. NAME A. H.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mary S. Siddle

18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor Cemetery 9-23-03

19. UNDERTAKER (ADDRESS) Perkins
Camden, Mo.

20. FILED Oct 9 1931 W. A. Martin
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6 A.M.
 The principal cause of death and related causes of importance were as follows:

No attending physician
2.000

Other contributory causes of importance: _____

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.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Fred L. Ogilvie, Health Officer
 (Address) Camden, Mo.

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.

Oct 24 1931

