

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

Do not use this space.

4509

**1. PLACE OF DEATH**

County Jackson  
Township Blue Bar  
City Blue Springs, Mo.

Registration District No. 395  
Primary Registration District No. 7451A

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_ mos. \_\_\_\_\_

How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: FM  
4. COLOR OR RACE: W.  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 9 - 1888

7. AGE: YEARS 43 MONTHS 7 DAYS 18  
IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235  
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): Grain Valley, Mo.

MOTHER FATHER  
13. NAME: George Basham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co, Mo.

15. MAIDEN NAME: Minnie St Clair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co, Mo.

17. INFORMANT (ADDRESS): Floyd Taylor

18. BURIAL, CREMATION, OR REMOVAL PLACE: Blue Springs DATE: Mar 2 1932

19. UNDERTAKER (ADDRESS): G. B. Webb - Blue Springs Mo.

20. FILED: 3/10 1932 F. W. Little Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 29 1932

22. I HEREBY CERTIFY, That I attended deceased, from Jan 14, 1932, to July 17, 1932. I last saw him alive on July 17, 1932. Death is said to have occurred on the date stated above, at 9 a. m. The principal cause of death and related causes of importance were as follows:

Cancer of Bowel (Caecum)  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset: \_\_\_\_\_

Name of operation: Colostomy Date of: Jan 28 - 32  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? no  
If so, specify: \_\_\_\_\_ (Signed) Wm B Johnston, M. D. (Address) Grain Valley 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.

MAR 23 1932

MARGIN RESERVED FOR BINDING

V. G. No. 2.

