

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 20 1933

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

Do not use this space.

1. PLACE OF DEATH

72 County New Madrid
Township St. Charles
City St. Charles (No. 1)

Registration District No. 604
Primary Registration District No. 5802

File No. 388372
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4-1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 12

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) New Madrid (STATE OR COUNTRY) Mo.

13. NAME Howard Taylor

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

15. MAIDEN NAME Jean Gueth

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

17. INFORMANT Howard Taylor (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Sanbury DATE 9/16 33

19. UNDERTAKER (ADDRESS) _____

20. FILED 9/16 1933 W. B. Garrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/16 1933
22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1933, to _____, 19____
I last saw h. _____ alive on 9/16/1933. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Premature baby
159
10151
159
Other contributory causes of importance: Respiratory colds

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) McNeill, M. D.
(Address) New Madrid

