

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

Do not use this space.

33887

1. PLACE OF DEATH
 73 County Newton Registration District No. 611
 Township Buffalo Primary Registration District No. 5813
 City Seneca (No.) St. Ward

2. FULL NAME John Taylor
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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

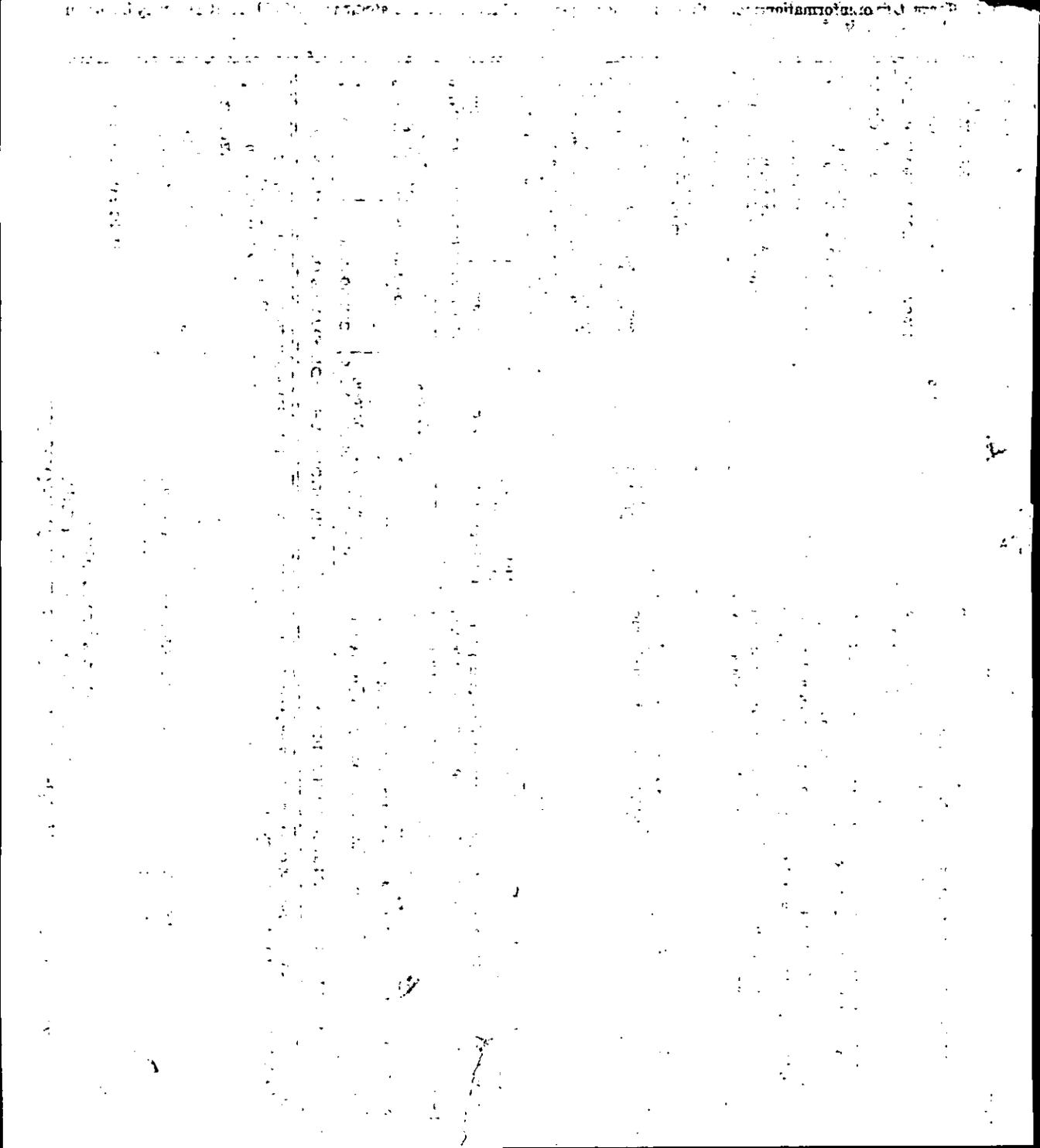
3. SEX Male
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 1 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmed
 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
 MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
 FATHER 13. NAME Jesse Taylor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 MOTHER 15. MAIDEN NAME Susan Chapman
 FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT (ADDRESS) Grace Taylor
 18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca DATE 10/5 1933
 19. UNDERTAKER (ADDRESS) Norman B. Mitchell
Seneca
 20. FILED 10/10 1933 E. H. Terry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1933 to 10-4 1933.
 I last saw him alive on 10-3 1933. Death is said to have occurred on the date stated above, at 12:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis
rupture of small bladder
 Date of onset 12/12/33
 Other contributory causes of importance: rupture of small bladder
 Name of operation none 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 none
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify none
 (Signed) M. L. Garrison M. D.
 (Address) Seneca Mo

USE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1022



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Newton
Township Buffalo
City (No. _____) _____

Registration District No. 611
Primary Registration District No. 5813

File No. 33887
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John 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

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

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

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

7. AGE	YEARS	MONTHS	DAYS	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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 10/10 1939 CE. Norris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him _____ alive on _____, 19____. 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: _____

Ruptured Gall Bladder Date of onset _____

Other contributory causes of importance: (Gall stones)
Cholelithiasis

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) W. G. Barnard, M.D.
(Address) Seneca, Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Merle Berlin

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