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.

JUL 21 1934

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

Do not use this space.

File No. 21685

Registered No. 123

1. PLACE OF DEATH
County St. Louis Ferguson Park Registration District No. 333
Township St. Ferdinand Primary Registration District No. 4468
City Ferguson (No. Woodstock Road St. Ward)

2. FULL NAME Herman Taylor
(a) Residence, No. Woodstock Rd. Ferguson Ward. Glasgow, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1918

7. AGE YEARS 16 MONTHS 1 DAYS 14 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. Child
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) Fayette Mo

FATHER
13. NAME John Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo

MOTHER
15. MAIDEN NAME Nettie Haley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly Mo

17. INFORMANT (ADDRESS) William King Ferguson, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE June 7 1934

19. UNDERTAKER (ADDRESS) L. B. Tanner 6107 Natural Bridge

20. FILED 6-6 1934 Walter Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/3/ 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2PM m.
The principal cause of death and related causes of importance were as follows:

Killed by crash of lightening St. Ferdinand Township, St. Louis County, while walking along wire fence, lightening hit the wire fence, and throwed an arch into

Date of onset

Other contributory causes of importance:
the body of boy, which immediately caused death.

Name of operation ..... Date of .....
What test confirmed diagnosis? Coroner's view Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? acct. Date of injury ....., 19....
Where did injury occur? Woodstock rd.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Struck by lightning
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Luke B. Tanner 6/4/34, M. D.
(Address) 3718 Jennings, Ord.,
Coroner St. Louis, Co., Mo.