

NOV 9 1934

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

Do not use this space.

36934

354

1. PLACE OF DEATH

County *Pettis*

Registration District No. *668*

File No. *3495*

Township *Sedalia*

Primary Registration District No. *3032*

Registered No. *668*

City *Sedalia*

(No. *125 E. Booneville*)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Robert Hensley Taylor*

(a) Residence, No. *125 E. Booneville* St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. *15* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 24 1884*

7. AGE YEARS *49* MONTHS *10* DAYS *2* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) *July 15 34* 11. Total time (years) spent in this occupation *35*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Herndon, Missouri*

13. NAME *James Taylor*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ridgeland, Mississippi*

15. MAIDEN NAME *Julia Hicks*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown, Kentucky*

17. INFORMANT *William Taylor Nelson* (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE *Union Cemetery* DATE *Oct 18 1934*

19. UNDERTAKER *Harriet E. Eblein* (ADDRESS) *Pellet Grove*

20. FILED *10-17-34* *Jean Slack* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 16 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 7 1934* to *Oct 16 1934*

I last saw him alive on *Oct 16 1934*. Death is said to have occurred on the date stated above, at *3:40 P.M.*

The principal cause of death and related causes of importance were as follows:

*Sarcoma of colon*  
*40*  
*XV*  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation *none* Date of \_\_\_\_\_

What test confirmed diagnosis? *Simpson* 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) *A. L. Rolland*, M. D.

(Address) *910 W. 3rd St. Sedalia, Mo.*

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.

