

FEB 27 1935

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

Do not use this space.

2214

1. PLACE OF DEATH

County New Madrid Registration District No. 1133
Township Wash Primary Registration District No. 5799A
City Camden (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 26 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Betty Taul</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-27-1851</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>5</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumber</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-11-1935

22. I HEREBY CERTIFY That I attended deceased from Jan 4, 1935, to Jan 11, 1935
I last saw him alive on Jan 10, 1935 Death is said to have occurred on the date stated above, at 7:25 A.M.
The principal cause of death and related causes of importance were as follows:
Cholera Pneumonia

Date of onset
1-8-35

Other contributory causes of importance:
108

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Wm. Hendry, M. D.
(Address) St. Louis, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Co. Kentucky

13. NAME James Taul

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Gwendolyn Newby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Owen Taul
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE 1-13-35

19. UNDERTAKER John Albritton
(ADDRESS) St. Louis, Mo.

20. FILED Jan 12, 1935 John Koch
Registrar

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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