

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

Do not use this space.

15346

1. PLACE OF DEATH ^{JUN 5 1935}

County Jay
Township Superior
City Keosauqua (No.)

Registration District No. 862
Primary Registration District No. 6135-

File No.
Registered No. 54
St. Ward)

2. FULL NAME Winfield Scott Taylor

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

Length of residence in city or town where death occurred 6 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>Rebecca Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26 1860</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Jan 1935</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
FATHER	13. NAME <u>William Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Fred Taylor</u> (ADDRESS) <u>Willoughby Springs Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>about</u>	DATE <u>April 4 1935</u>	
19. UNDERTAKER <u>Taylor & Bell</u> (ADDRESS) <u>Keosauqua Mo</u>		
20. FILED <u>May 8 1935</u> <u>Mrs. Clois Cunningham</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1935

22. I HEREBY CERTIFY, That, I attended deceased from Feb 1 1935 to Apr 2 1935
I last saw him alive on April 1 1935. Death is said to have occurred on the date stated above, at 6:15 p.m.

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

Carcinoma of Pancreas
Date of onset Nov 24

Other contributory causes of importance None

Name of operation None Date of None
What test confirmed diagnosis? None 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?
If so, specify None
(Signed) Dr. Edus M. D.
about mo (Address)

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.

