

OCT 22 1935

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

Do not use this space.

29055

1. PLACE OF DEATH

County ClintonRegistration District No. 204Township ShoofPrimary Registration District No. 3013City Cameron

(No.)

St.

Ward)

2. FULL NAME

William J Taylor(a) Residence, No. East 6th. 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

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
MARRIED5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Oct. 8th. 1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.64IIIO

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Carpenter9. 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)

Davies County,

(STATE OR COUNTRY)

MO.

FATHER

13. NAME Geo. W. Taylor

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

MO.

MOTHER

15. MAIDEN NAME Rebecca Daly,

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

MO.

17. INFORMANT

Mrs Wm. J. Taylor

(ADDRESS)

Cameron, MO.

18. BURIAL, CREMATION, OR REMOVAL

Christian Chapel Cem.

PLACE

DATE Sept. 21, 1935

19. UNDERTAKER

O. A. Moore,

(ADDRESS)

Cameron, MO.

20. FILED

Sept 20 1935Dr. C. H. Risley

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1935

22. I HEREBY CERTIFY That I attended deceased from

Jan 10 1935 to Feb 15 1935I last saw him alive on Feb 15 1935 Death is saidto have occurred on the date stated above, at 11:15 a.m.

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

Carcinoma of prostate

Date of onset

Other contributory causes of importance:

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)

M. D.

(Address)

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.

THE UNIVERSITY OF CHICAGO
LIBRARY

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950