

OCT 28 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757

Township

Primary Registration District No. 3036City St. Charles (No.)

St. Ward)

File No. 30481
Registered No. 139

2. FULL NAME Pike Alange Taylor

(a) Residence, No. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1
24 11 16 day, hrs.
or min.

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

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Freeman

10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation.....

12. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Mo13. NAME Stephen A Taylor14. BIRTHPLACE (CITY OR TOWN) Arrow Rock
(STATE OR COUNTRY) Mo15. MAIDEN NAME Lula Mae Johnson16. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Mo17. INFORMANT Stephen A Taylor
(ADDRESS) St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Charles Mo DATE Oct 3rd 193519. UNDERTAKER W. H. Allen
(ADDRESS) St. Charles Mo20. FILED 10/3 1935 Clarence F. Kessler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 193522. I HEREBY CERTIFY, That I attended deceased from
St. Charles Mo Oct 1 1935Has been alive since 1935 Death is saidto have occurred on the date stated above, at 8:30 m.

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

accidental traumatism Date of onset
to the head, neck and Oct 1
shoulders, caused by a 1935
falling from a car
which he was unloading. 10th

Other contributory causes of importance:

none
10/1/35

Name of operation none Date ofWhat test confirmed diagnosis? request Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 1, 1935Where did injury occur? near St. Charles, St. Charles Co. Mo
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.
public placeManner of injury Struck by fallingNature of injury fractured jaw and fracture skull24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify In the way that it was part of his work(Signed) W. L. Freeman M. D.(Address) St. Charles Mo
Coroner of St. Charles Co 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.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

