WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 17 1936

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

Do not use this space.

4954

File No.

Registered No. 3

1. PLACE OF DEATH

County Carroll

Township Vanburen

City (No. , St. Ward)

Registration District No. 133

Primary Registration District No. 5184

2. FULL NAME William Taylor England

(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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Marie England

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 23. 1848

7. AGE: YEARS 88 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION

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):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

FATHER

13. NAME: Allen M. England

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Jennett Gordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Mo~~ Virginia

17. INFORMANT (ADDRESS): Fred England Marceline, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coloma DATE 2/26 1936

19. UNDERTAKER (ADDRESS): Clifford W Austin Tina Mo.

20. FILED 2-26 1936 Jane Henderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1936 to Feb 25 1936

I last saw him alive on Feb 25 1936. Death is said to have occurred on the date stated above, at 4 P m.

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

Bronchio Pneumonia — Date of onset 2/10/36

Other contributory causes of importance: Flu — 2/5-36

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) J. M. Warden, M. D.

(Address) Chillicothe Mo.