

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.

JAN 22 1937

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

Do not use this space.

49382

1. PLACE OF DEATH
 County Pike Registration District No. 689
 Township Buffalo Primary Registration District No. 3033
 City Clinton (No. Pike Co. Hospital) St. _____ Ward _____

2. FULL NAME Jaylor (not named) Jo Anne
 (a) Residence, No. Clarksville, Mo. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-27-36

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or _____ hrs. or _____ min.
<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>

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

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) Pike Co., Mo (STATE OR COUNTRY)

13. NAME Joe Patton Taylor

14. BIRTHPLACE (CITY OR TOWN) Pike Co., Mo (STATE OR COUNTRY)

15. MAIDEN NAME Paula May Henington

16. BIRTHPLACE (CITY OR TOWN) Pike Co., Mo (STATE OR COUNTRY)

17. INFORMANT Joe Patton Taylor - (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville, Mo DATE 12/27 1936

19. UNDERTAKER None (ADDRESS)

20. FILED 12/27 1936 J. C. Hairy, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:43 p.m.
 The principal cause of death and related causes of importance were as follows:
(Stitch horn Injury)
 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) Chas. W. Henshaw, M. D.
 (Address) Clarksville, Mo

