

APR 21 1937

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

Do not use this space.

12404

1. PLACE OF DEATH

County Lafayette 54
Township Lexington
City Lexington (No.)

Registration District No. 461
Primary Registration District No. 3024

File No. 33
Registered No.
St. Ward)

2. FULL NAME William 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 <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>Rosie Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't Know</u>		
7. AGE <u>About 48 yrs.</u>	YEARS MONTHS DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Coal Miner</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Sam Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
MOTHER	15. MAIDEN NAME <u>Not Known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
17. INFORMANT <u>Rosie Taylor</u> (ADDRESS) <u>Richmond, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond, Mo.</u> DATE <u>Mar. 31, 1937</u>		
19. UNDERTAKER <u>C.M. Joiner</u> (ADDRESS) <u>Richmond, Mo.</u>		
20. FILED <u>Mar. 29, 1937</u> <u>Faye B. Bates</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-193722. I HEREBY CERTIFY, That I attended deceased from 3-29-1937, to 3-29-1937

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 2:30 p.m.

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

Date of onset

fractured skull
Concussion of brain

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? Accident Date of injury 3-29-1937Where did injury occur? Lafayette Co. Coal Co. Lexington, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Rock fall on headNature of injury fractured skull & Concussion

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) E. B. Musbet Coroner, M. D.(Address) Osama, 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.

