

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.

19 JUL 27 1937

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

Do not use this space.

23410

1. PLACE OF DEATH
County Cass Registration District No. 156
Township _____ Primary Registration District No. 4090
City Harrisonville 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) infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ ✓ ✓ ✓ ✓
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) (STATE OR COUNTRY) Harrisonville Mo
13. NAME Simon Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Mo
15. MAIDEN NAME Aula Salisbury
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manassas Mo
17. INFORMANT Simon Taylor (ADDRESS) Harrisonville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Brady Cemetery DATE June 29 1937
19. UNDERTAKER (ADDRESS) Wm. H. G. Co. Harrisonville Mo
20. FILED June 29 1937 E. M. Guffey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1937
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 9:50 A.M.
The principal cause of death and related causes of importance were as follows:
Stillborn
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) E. M. Guffey, M. D.
(Address) Harrisonville

