

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.

SEP 22 1937

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

Do not use this space.

31443

239

236

668

1. PLACE OF DEATH

County Pettis

Registration District No. 665

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Charles Floyd Taylor

(a) Residence, No. 127 E. Hazel 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 8/15 1937, to 8/15 1937

I last saw him three hours alive on 8/15, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1937

to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. Still Born

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

Still Born

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

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

10. Date deceased last worked at this occupation (month and year) _____

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo

13. NAME Charles F Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

15. MAIDEN NAME Georgie Jenkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

17. INFORMANT Georgie Jenkins (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo DATE Aug 16 1937

19. UNDERTAKER F. W. Ferguson (ADDRESS) Sedalia

20. FILED Aug 16 1937 Jean Slack Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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) A. H. E. Dancy, M. D. (Address) Sedalia, Mo

