

107 SEP 27 1937

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

Do not use this space.

32042

1. PLACE OF DEATH *Texas* / *2*
 County *Morris* / Registration District No. *18*
 Township *Morris* / Primary Registration District No. *6139*
 City *Baby Taylor* (No. *1*) / St. *1* / Ward *1*

2. FULL NAME *Baby 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 *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Still Born*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 24 1937*
 7. AGE 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.
 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)
 MOTHER FATHER
 13. NAME *Clifford Taylor*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wright Co.*
 15. MAIDEN NAME *Viola White*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *So Dakota*
 17. INFORMANT *Clifford Taylor* (ADDRESS) *Huggins*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Bedon Valley Co.* DATE *Aug 26 1937*
 19. UNDERTAKER *none* (ADDRESS)
 20. FILED *Aug 28 1937 Pearl E McCall* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 24 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 _____ m.
 The principal cause of death and related causes of importance were as follows:
Still born
Cause unknown
 Date of onset _____
 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) *W. J. Houston* _____, M. D.
 (Address) *Houston, 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.

