

REC'D APR 15 1938

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

Do not use this space.

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1. PLACE OF DEATH

6 County Barton Registration District No. 45-
 0 Township Midford Primary Registration District No. 3067
 0 City Midford (No.) St. Ward (.....)

2. FULL NAME

James Henry Taylor 460
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Lingle Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 11 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
 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. 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates County Missouri

FATHER 13. NAME Flemstead A. Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Susan Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Missouri

17. INFORMANT Mrs Maude Harrison (ADDRESS) Wenmar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove Cem., DATE March 8, 1938

19. UNDERTAKER Konantz's (ADDRESS) Wenmar, Mo.

20. FILE NO. 7-13-1-38 Harvey B. Wiley Registrar. (Address) Wenmar Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1938, to Mch. 7, 1938

I last saw him alive on Feb. 20, 1938 Death is said to have occurred on the date stated above, at 12:20 P.M.

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

Broncho-pneumonia

Date of onset

Other contributory causes of importance:

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Carcinoma of the lower lip

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 C. E. Ducat

(Signed) C. E. Ducat, M. D.

(Address) Wenmar 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.

RECORD

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