

REC'D OCT 18 1938

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

Do not use this space.

32645

1. PLACE OF DEATH

County LincolnTownship MonroeCity Winfield

(No. _____)

Registration District No. 492Primary Registration District No. 5-6-2-2A42-99File No. 14

Registered No. _____

St. _____

Ward) _____

2. FULL NAME

Dabney Carr Taylor(a) Residence, No. Winfield, Missouri

(Usual place of abode)

St. _____

Ward. _____

(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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

Belle Louise English

--- (or) WIFE OF

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

Feb. 26, 1855

7. AGE

YEARS

83

MONTHS

6

DAYS

28

IF LESS than 1

day,hrs.

ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Farmer9. 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)

Lincoln County

(STATE OR COUNTRY)

Missouri

MOTHER FATHER

13. NAME

Archibald Taylor

14. BIRTHPLACE (CITY OR TOWN)

Lincoln County

(STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Senora Carr

16. BIRTHPLACE (CITY OR TOWN)

Lincoln County

(STATE OR COUNTRY)

Missouri

17. INFORMANT

G. M. Martin

(ADDRESS)

Winfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Asbury Chapel

DATE

Sept 251938

19. UNDERTAKER

O'Garlan C. Ricks4012

(ADDRESS)

Winfield, Missouri

20. FILED

9/241938D. H. Steenbick

Registrar.

(Address)

Winfield, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept. 231938

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1938 to September 23, 1938I last saw him alive on February 23, 1938. Death is saidto have occurred on the date stated above, at 11:35 p.m.

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

Date of onset

Carcinoma ofStomach

Other contributory causes of importance:

40old age

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Examination 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? No

If so, specify _____

(Signed) J. Allerton, M. D.(Address) Winfield, 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.

