

REC'D DEC 19 1938

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

39002
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
(b) Township Boonville, Primary Registration District No. 5298 Registered No. 106
(c) City..... (d) Street No. R.F.D. # 3 Boonville, Mo. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Helen Montie V. Taylor
(a) Residence, No. R.F.D. # 3 Boonville, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Taylor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 4 26 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Hand
9. Industry or business in which work was done, as 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) Cooper County
(STATE OR COUNTRY) Mo. C

FATHER 13. NAME Henry Taylor
14. BIRTHPLACE (CITY OR TOWN) Cooper County
(STATE OR COUNTRY) Mo. C

MOTHER 15. MAIDEN NAME Betty shelby
16. BIRTHPLACE (CITY OR TOWN) Cooper County,
(STATE OR COUNTRY) Mo. C

17. INFORMANT Mrs. Helen Taylor
(ADDRESS) R.F.D. # 3 Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gooch Mill, DATE Nov. 27, 1938

19. FUNERAL DIRECTOR (NAME) J. L. Meyster
(ADDRESS) Boonville Mo

20. FILED Nov 26 1938 B. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from not attended, 19....., to....., 19.....

I last saw h..... alive on not seen alive, 19..... Death is said to have occurred on the date stated above, at 4.30 m. A.M.

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

Suicide by cut throat with razor. Date of onset Nov. 25 1938

Other contributory causes of importance: 10

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Nov 25, 1938
Where did injury occur? R.F.D. Boonville Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at his own home

Manner of injury Suicide by cut throat with razor

Nature of injury Cut right side of throat

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) J. C. Timmer, M. D.

(Address) Boonville Mo
Coroner of Cooper County Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/6/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, L. J. Meister

or by _____

Registered Apprentice No. 2232, working under my personal supervision.

Signed _____

Licensed Embalmer No. # 2232

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.