

DEC. JAN 20 1939

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

44154
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
(b) Township Buffalo Primary Registration District No. 5917 Registered No. _____
(c) City _____ (d) Street No. Hammon School District (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

(a) Residence, No. William Thomas Taylor
Pike Co Hammon School District
(Usual place of abode, if no street address, write county or city) (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

6A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Sally Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1872

7. AGE YEARS 66 MONTHS 4 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 4 weeks ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

FATHER 13. NAME James Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

MOTHER 15. MAIDEN NAME Rebecca Jane Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) Mrs Arnold Houchins Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE King's Gate DATE Dec 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Busa Louisiana Mo

20. FILED 12/13 1938 J. C. Haley Jr Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12 1938

22. I HEREBY CERTIFY, That I attended deceased from About Nov. 1, 1938 to Dec. 12, 1938

I last saw him alive on Dec. 11, 1938. Death is said to have occurred on the date stated above, at 1:30 AM.

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

Cardio-Vascular-Renal Crisis Date of onset Before 1933

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab. Was there an autopsy? No.

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) Charles C. Swelley, M. D.

(Address) Louisiana, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-963

Date Filed 1/2/39

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

or by Harold Garner

Registered Apprentice No., working under my personal supervision.

Signed W. J. Sosa

Licensed Embalmer No. 37

P. O. Address Stimmons 712

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.