

SEP 20 1939

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

Do not use this space.

28921

1. PLACE OF DEATH

County Clinton
Township Rathrop
City 1450

Registration District No. 206
Primary Registration District No. 5284

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Arthur Edward 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 <u>m.</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-31-39</u>		
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) Rathrop Mo.

MOTHER

13. NAME Arthur Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Mo.

15. MAIDEN NAME Velma Gordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Mo.

17. INFORMANT (ADDRESS) Arthur Taylor Rathrop Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rathrop DATE 9/1 1939

19. UNDERTAKER (ADDRESS) DeMoss CRANK Rathrop Mo.

20. FILED 9/5 1939 E. B. Dunson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1939 to Aug 31 1939
I last saw him alive on Aug 31 1939 Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Premature Birth
general weakness
Six and 1/2 months gestation
Other contributory causes of importance: 15A

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) S. D. Reynolds M. D.

(Address) Plattsburg 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.

RECEIVED

District

No. 11;

District F

939-1157

Date Filed

SEP 9 1939