

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

Do not use this space.

OCT 11 1934

**1. PLACE OF DEATH**

County Buchanan  
Township Center,  
City.....

Registration District No. 80  
Primary Registration District No. 5-19  
(No. 3 1/2 M. So. of City, U.S. 71 Highway St. Ward)

File No. 31962  
Registered No. \_\_\_\_\_

**2. FULL NAME**

William Milton Tays,

(a) Residence, No. 3 1/2 M. So. of City, Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 18 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Tays,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>5</u>	DAYS <u>16</u>
IF LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer,</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>
	10. Date deceased last worked at this occupation (month and year) <u>September 1934,</u>
11. Total time (years) spent in this occupation..... <u>60</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idle County, North Carolina,

MOTHER, FATHER 13. NAME William C. Tays,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, North Carolina

15. MAIDEN NAME Dorcas Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, North Carolina,

17. INFORMANT Mrs. Wm M. Tays  
(ADDRESS) R. F. D. # 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Register Cem. DATE Sept. 30, 1934

19. UNDERTAKER Heaton Belsale Bauman  
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED Sept. 29, 1934 Mrs. Lucy Porrell  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1934

22. I HEREBY CERTIFY, that I attended deceased from Sept. 28, 1934 to Sept. 28, 1934. I last saw him found dead Sept 28, 1934. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Chronic myocarditis  
Hypertension  
Senility

Date of onset 1930

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? History 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) Calroy Worley, M.D. acting  
(Address) 731 Farson St., St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

