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.

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

JUN 17 1936

Do not use this space.

18942

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No. 136

Township — Primary Registration District No. 3014 — Registered No.

City Jefferson (No. , St. Ward)

2. FULL NAME William H. Taylor

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Agnes Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-13-1901

7. AGE: YEARS 35 — MONTHS 3 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Phillips Pet. Corp.

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): Kaw City, Okla

FATHER

13. NAME: Sylvester Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER

15. MAIDEN NAME: Susie Hoeffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Mrs. Agnes Taylor, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Winfield, Kansas DATE May-6-- 1936

19. UNDERTAKER (ADDRESS): Shorpe J. Gordon, Jefferson City, Mo.

20. FILED 5 JUN 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1936, to 5-4, 1936.
I last saw him alive on 5-4, 1936. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

Accidental traumatism — Date of onset 5-1-36
Automobile accident

Other contributory causes of importance:
Hemorrhage & shock

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? accident — Date of injury 5-1, 1936
Where did injury occur? Linn, Osage Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
While driving a truck.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify
(Signed) F. W. Gillham, M. D.
(Address) Jefferson City, Mo.