REC'D APR 15 1939

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

Do not use this space.

File No. 11004

Registered No. ?

1. PLACE OF DEATH

County: Howell

Township:

City: West Plains (No. 460 St. Ward)

Registration District No. 384

Primary Registration District No. 4227

2. FULL NAME: David Dean 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 1 yrs. 4 mos. 11 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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 7 1937

7. AGE: Years 1 Months 4 Days 11 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): West Plains Mo. 0

FATHER

13. NAME: Arthur C. Taylor 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sulphur Mo 0

MOTHER

15. MAIDEN NAME: Eva May Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Malden Mo

17. INFORMANT (ADDRESS): A. C. Taylor West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Langston Cem. DATE: Mar 19, 1939

19. UNDERTAKER (ADDRESS): LEONARD H. SULLENS WEST PLAINS, MO.

20. FILED: 3-19, 1939 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6 p. m.

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

Strichnine poison — Date of onset

From: Hinkle pills.

Other contributory causes of importance: 179, 121

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Mar. 18, 1939

Where did injury occur? ~~Home~~ West Plains Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mayme C. Thornburg M. D. Coroner

344 (Address) West Plains, Mo.

V. S. No. 2 50M-10-22-38 I X9314

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.

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

MARGIN RESERVED FOR BINDING

[illegible]
[illegible]
[illegible]
[illegible]

[illegible] O.K.
[illegible]