

OCT 21 1936

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

Do not use this space.

33976

1. PLACE OF DEATH

County

Cole

Registration District No.

211

Township

Marion

Primary Registration District No.

5291

City

(No.)

File No.

Registered No.

19

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

John Taggart
Centertown, Mo. R.F. 8

Ward.

(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

Male

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Emma Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

8-5-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

75

1

6

OCCUPATION

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

Farmer

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)

Monteau County Missouri

MOTHER FATHER

13. NAME

James Taggart

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

Unknown

15. MAIDEN NAME

Lucy Buckner Catlett

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

Virginia

17. INFORMANT (ADDRESS)

Mrs. John Taggart
R.F. 8, Centertown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Centertown, Mo. 9-13-36 1936

19. UNDERTAKER (ADDRESS)

Dawson Tanner
Jefferson City, Mo.

20. FILED

9-11-1936 H. T. Beach, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug 17, 1936 to Sept 10, 1936

I last saw him alive on Sept. 10, 1936 Death is said to have occurred on the date stated above, 3:30 a. m.

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

Cancer of Rectum

Date of onset
2 1/2 yrs
4 yrs

Other contributory causes of importance:

None

Name of operation

None

Date of

What test confirmed diagnosis? Clinician Was there an autopsy?

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?

If so, specify

(Signed)

H. T. Beach, M. D.

(Address)

Centertown, 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.

