MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH

County: Clay

Township: Kearney

or Village:

or City: (NO. St.; Ward)

Registration District No. 199 File No. 8637

Primary Registration District No. 5279 a Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Benjamine F. Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	white	Married

DATE OF BIRTH: Nov (Month) 3 (Day), 1845 (Year)

AGE: 66 yrs. 3 mos. 27 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Gen Farm work

BIRTHPLACE (City or town, State or foreign country): Mo

PARENTS
NAME OF FATHER: John B. Taylor
BIRTHPLACE OF FATHER (City or town, State or foreign country): Ky
MAIDEN NAME OF MOTHER: Catherine Smith
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elsie Taylor

(ADDRESS) Holt Mo.

Filed March 2 1912 W. L. Gleaves REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 1 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from June 23, 1911, to March 1, 1912, that I last saw him alive on March 1, 1912, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the 2nd Glands

(Duration) 1 yrs. 3 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. L. Gleaves M. D.

March 2 1912 (Address) Holt

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Muddy Fork

DATE OF BURIAL: March 2 1912

UNDERTAKER: Leonard Fry

ADDRESS: Holt