

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

Do not use this space.

**31310**

**1. PLACE OF DEATH**  
 County.....  Phelps  ..... Registration District No.  677   
 Township..... ..... Primary Registration District No.  4403   
 City.....  Rolla Mo.  (No. ....) St. .... Ward .....

**2. FULL NAME**  John E. 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 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**  divorced   
 (write the word)  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** .....

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**  don't know   
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
 about 72

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work  Day Laborer   
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**  don't know

**10. NAME OF FATHER**  D.K.   
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**  D.K.   
**12. MAIDEN NAME OF MOTHER**  D.K.   
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**  D.K.

**14. INFORMANT**  Jas. Mathew   
 (Address)  Rolla Mo   
**15. FILED**  Sept 20 1928   Jos. F. Ayers  REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**  Sept 18 1928   
**17. I HEREBY CERTIFY**, That I attended deceased from  Aug 18  to  Sept 18  19 28   
 that I last saw him alive on  Sept 18 , 19 28 , and that death occurred, on the date stated above, at  1 A.M.   
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
 Inflammation of Prostate and bladder on left hip.   
 151A   
 137  (duration) .... yrs. .... mos.  47  da.  
**CONTRIBUTORY (SECONDARY)**  152A  (duration) .... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....  
**19. DID AN OPERATION PRECEDE DEATH?**  No  DATE OF.....  
 WAS THERE AN AUTOPSY?  No   
 WHAT TEST CONFIRMED DIAGNOSIS?  none   
 (Signed)  Geo. W. Horron, M.D.   
 Sept 19 , 19 28  (Address)  Rolla Mo.   
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**  Rolla Cemetery  DATE OF BURIAL  Sept 20 1928   
**20. UNDERTAKER**  Will & Dicklader  ADDRESS  Rolla, 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.

4-11-60

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**1. PLACE OF DEATH**

County Phelps  
Township Rolla Mo.  
City Rolla Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 577  
Primary Registration District No. 4403

File No. \_\_\_\_\_  
Registered No. 55

**2. FULL NAME**

John C. Taylor

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male  
4. COLOR OR RACE American Indian  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 12, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 52

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Day Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER D. K.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. K.  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER D. K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D. K.  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Jas. Matheis  
(Address) Rolla Mo.

15. FILED Sept 20 1928 Jos. F. Ayers  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 1928 to Sept 18 1928 that I last saw him alive on Sept 18 1928, and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Inflammation of Prostate and heart in left hip  
1928 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) 1928 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) Geo. W. Horron, M. D.

Sept 18 1928 (Address) Rolla Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rolla Cemetery DATE OF BURIAL Sept 20 1928

20. UNDERTAKER Will & Dicklider ADDRESS Rolla, Mo.

Items 4, 6, 7 amended by affidavit of funeral home 05-14-04 mjg



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1. PLACE OF DEATH

County Phillips  
Township Rolla Mo.  
City Rolla Mo.

Registration District No. 377  
Primary Registration District No. 47203

File No. \_\_\_\_\_  
Registered No. 55  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male  
4. COLOR OR RACE American Indian  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF \_\_\_\_\_

7. DATE OF BIRTH (MONTH, DAY AND YEAR) January 12, 1846

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 72

9. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Day Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

10. BIRTHPLACE (CITY OR TOWN) Rolla Mo.  
(STATE OR COUNTRY) Missouri

11. NAME OF FATHER H. K. John N. Taylor

12. BIRTHPLACE OF FATHER (CITY OR TOWN) H. K.  
(STATE OR COUNTRY) Kentucky

13. MAIDEN NAME OF MOTHER D. K.

14. BIRTHPLACE OF MOTHER (CITY OR TOWN) D. K.  
(STATE OR COUNTRY) \_\_\_\_\_

15. INFORMANT Jas. Malheur  
(Address) Rolla Mo.

16. FILED Sept 20 1928 Jos. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1928

18. I HEREBY CERTIFY, That I attended deceased from Sept 18 1928 to Sept 18 1928 that I last saw him alive on Sept 18 1928, and that death occurred, on the date stated above, at \_\_\_\_\_

19. THE CAUSE OF DEATH WAS AS FOLLOWS:  
Inflammation of Prostate and Caruncle on Left Hip  
1517  
137 (duration) yrs. mos. & da.

20. CONTRIBUTORY (SECONDARY) 1520 (duration) yrs. mos. da.

21. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

22. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

23. WAS THERE AN AUTOPSY? no

24. WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) Geo. W. Horron, M. D.  
Sept 18 1928 (Address) Rolla Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

25. PLACE OF BURIAL, CREMATION, OR REMOVAL Rolla Cemetery DATE OF BURIAL Sept 20 1928

26. UNDERTAKER Will & Dicklider ADDRESS Rolla, Mo.

Items 9, 10, 11 amended by affidavit of funeral home 03-31-05 mjd  
Items 4, 6, 7 amended by affidavit of funeral home 05-14-04 mjd

