

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

Do not use this space.

37507

**1. PLACE OF DEATH**

County Howell

Registration District No. 284

Township

Primary Registration District No. 4277

City

West Plains, Mo.

File No. 165

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Newton Seigel 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 ma 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 8 16

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. 0

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) mt. Vernon, Ill.

13. NAME Isaac Newton Taylor

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

15. MAIDEN NAME "

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

17. INFORMANT Carl Taylor (ADDRESS) Post Station No

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 11/23 - 1931

19. UNDERTAKER M. Taylor (ADDRESS) West Plains, Mo

20. FILED 12-29-1931 O. A. Nimick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/22 - 1931

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to Nov 15, 1931

I last saw h. Nov 15, 1931. Death is said

to have occurred on the date stated above, at 12:40 a.m.

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

Chronic Bulbar Paralysis  
involving muscles of speech  
and quality of deglutition  
81A  
156B

Date of onset

Other contributory causes of importance: Muscular atrophy

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Symptoms Was there an autopsy? No

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? No

If so, specify \_\_\_\_\_

(Signed) P. B. Sparks, M. D.

(Address) West Plains, Mo.

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

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.

1931-11-22  
68 2 - 6  

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1863-8-16