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.

DEC 26 1931

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

Do not use this space.

39816

1. PLACE OF DEATH
County Saline — Registration District No. 744 — File No. 8
Township Clay — Primary Registration District No. 6037A. — Registered No. 20
City ..... (No. ..... St. ..... Ward)

2. FULL NAME B F 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~~ (write the word): Widowed

5A. If Married, Widowed, or Divorced
HUSBAND OF
(OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 3-1872

7. AGE: 59 Years — Months: 10 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 186A 1900
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saline Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Wm Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Margaret Morrison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
(STATE OR COUNTRY)

14. INFORMANT Chas Taylor
(Address) Gilliam Mo

15. FILED 11th, 1931 J H Davidson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 15 1931

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ held inquest Nov. 16, 1931, to ✓, 19.....
that I last saw h. ✓ alive on ✓, 19....., and that death occurred, on the date stated above, at about 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidentally falling off a high bluff near his house, 1½ miles N. Saline City Mo.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ✓
✓ (duration) yrs. mos. ds.

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? ✓
(Signed) B. C. Bradshaw-Coroner, M.D.
10-16, 1931 (Address) Arrow Rock 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: Concord Cemetery near Arrow Rock Mo
DATE OF BURIAL: Nov 17 1931

20. UNDERTAKER: Jones & Salzer
ADDRESS: Slater