

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

Do not use this space.

15589

1. PLACE OF DEATH
 21 County Cabarrus Registration District No. 171
 9 Township Keytesville Primary Registration District No. 4100
 3 City Keytesville (No. _____) St. _____ Ward _____

2. FULL NAME James H. 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.

File No. _____
 Registered No. 11
 St. _____ Ward _____

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) May 10 - 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>0</u>	<u>21</u>	

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Tennessee 2

10. NAME OF FATHER Sam Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Rhodes Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Tennessee

14. INFORMANT John H. Taylor (Address) Keytesville Mo.

15. FILED June 2 1932 Zettie Sneed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1932

17. I HEREBY CERTIFY, That I attended deceased from 6-7-1931 to 6-1-1932 that I last saw him live on 6-1-1932 and that death occurred, on the date stated above, at 10:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Cordiac
degeneration
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY hardened arteries
 (SECONDARY) (duration) 2 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? physical
autopsy
 (Signed) Dr. J. H. Gilmore, M. D.
 .19 (Address) Keytesville

*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 Keytesville Mo. DATE OF BURIAL June 2 1932

20. UNDERTAKER Hyde Harnett ADDRESS Keytesville

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.

MIN 21 1932

