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.

NOV 22 1932

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

Do not use this space.

1. PLACE OF DEATH
County Cedar — Registration District No. 163 — File No. 31708
Township — Primary Registration District No. 4095 — Registered No. 5[illegible]
City El Dorado Springs (No. ..... St. ..... Ward)

2. FULL NAME George F. Taylor
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): March 9 1862

7. AGE: YEARS 70 — MONTHS 6 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 years
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): Wis 2

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 31

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Melvin F Taylor, 3286 Quitman St. Denver Colo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cem DATE: 10/9, 1932

19. UNDERTAKER (ADDRESS): Gwinn-Siders, El Dorado Springs Mo

20. FILED 10/7 1932 J. W. Dawson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932 to Oct 7, 1932
I last saw h[illegible] Death on Oct 7, 1932. Death is said to have occurred on the date stated above, at 4 a.m. 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
82A Apoplexia	
Other contributory causes of importance: 82A	

Name of operation: no — Date of
What test confirmed diagnosis? Post — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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? ✓
If so, specify
(Signed) [illegible], M. D.
(Address) El Dorado Springs Mo