

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.

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

Do not use this space.

39052

11-26-1934
4-5-2

1. PLACE OF DEATH
 County Andrew Registration District No. 912
 Township Vandalia Primary Registration District No. 4250
 City Vandalia (No. _____) St. _____ Ward _____

2. FULL NAME James W Taylor
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5-1861

7. AGE YEARS 72 MONTHS 4 DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Mo

FATHER
 13. NAME James H Taylor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
 15. MAIDEN NAME Elizabeth Drims
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Ben Taylor Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo DATE Dec 29 1933

19. UNDERTAKER (ADDRESS) W J Waters Vandalia Mo

20. FILED 12/21 1933 Mollie Fugua Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan to Dec 19 1933
 I first saw him alive on Dec 19 1933 Death is said to have occurred on the date stated above, at 4.0 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart disease
7911
 Date of onset _____

Other contributory causes of importance:
9211

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) A. A. Bonds, M. D.
 (Address) Vandalia Mo

