FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH
County Lincoln
Township
City Elsberry (No. St. Ward)

Registration District No. 486
Primary Registration District No. 4293

File No. 1781
Registered No. 1

2. FULL NAME James 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) Nov. 15-1848

7. AGE: YEARS 85 | MONTHS 1 | DAYS 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Lincoln Co Mo

FATHER
13. NAME James Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Y.A.

MOTHER
15. MAIDEN NAME Bettie Reid
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Cyrus Taylor Troy Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Reid Cemetary DATE Jan 5 1934

19. UNDERTAKER (ADDRESS) W. D. Bradley Elsberry

20. FILED 2-10 1934 C. E. Powell Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-1934

22. I HEREBY CERTIFY That I attended deceased from Dec-27-1934, to Jany-3-1934

I last saw him alive on Jany (3) 1934. Death is said to have occurred on the date stated above, at 6 p.m.

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

Uremic Coma — Date of onset Dec 31 1933

1928
1928

Other contributory causes of importance: Nephritis

Name of operation Date of
What test confirmed diagnosis? Usual 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) F. V. Keelin 8, M. D.
(Address) Elsberry, Mo.

N. B.—Every item of information must be given. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.