

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

Do not use this space.

MAR 24 1934

File No. **5743**
Registered No. **92**

1. PLACE OF DEATH
 County **Marion** Registration District No. **548**
 Township **South River** Primary Registration District No. **574**
 City (No.) St. Ward

2. FULL NAME **Frank Taylor**
 (a) Residence. No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **0** yrs. **2** mos. **0** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** **4. COLOR OR RACE** **Negro** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Taylor**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **1868**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 - - -
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Farming**
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)
PARENTS
10. NAME OF FATHER **Henry Taylor**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **No record**
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **No record**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **No record**
 (STATE OR COUNTRY)

14. INFORMANT **Charley Taylor**
 (Address) **Palmyra, Mo.**

15. FILED **3-1-34** **Bertrude Lee**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **February 27 1934**
17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934 to Feb 27, 1934 that I last saw him alive on Dec 27, 1934, and that death occurred, on the date stated above, at 1:55 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis & old age
 (duration) **16 1/2** yrs. **5** mos. **0** ds.
CONTRIBUTORY (SECONDARY) *old age*
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? **NO** DATE OF
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *H. P. Wolfe* M. D.
 19 (Address) *Palmyra Mo*

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Palmyra Cemetery** **DATE OF BURIAL** **3/2 1934**

20. UNDERTAKER **Lewis Bros** **ADDRESS** **Palmyra, Mo.**

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.

