AUG 12 1935

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

Do not use this space.

File No. 22111

Registered No. 136

1. PLACE OF DEATH

County: Boone — Registration District No. 73

Township: — Primary Registration District No. 3006

City: Columbia (No. ..... St. ..... Ward)

2. FULL NAME: Joe Taylor

(a) Residence, No. 507 N. 5 St. 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: negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mahal Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1865

7. AGE — YEARS: 70 — MONTHS: Not Known — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

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): Boone Co Mo.

FATHER

13. NAME: Joe Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

MOTHER

15. MAIDEN NAME: Jane Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo.

17. INFORMANT: Dorthula Brooks
(ADDRESS) 507 N 5 St Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Col. Cemetery DATE: 7-16 1935

19. UNDERTAKER: C. C. Freeman
(ADDRESS) 510 N 4 St Columbia Mo.

20. FILED: 7/16/ 1935 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-14-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-4-35, 19, to 7-14-35, 19

I last saw h~~im~~ alive on 7-14-35, 19 Death is said to have occurred on the date stated above, at 2:25 a.m.

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

	Date of onset
Mitral Insufficiency	

Other contributory causes of importance:
Pulmonary hemorrhage

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) J. A. Moore, M. D.

(Address) 7 1/2 S. Ba[illegible] Columbia 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.

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

Do not use this space.

1. PLACE OF DEATH
County: Boone — Registration District No.: 93
Township: — Primary Registration District No.: 3006
City: Columbia — No. ..., ... St. ... Ward)

File No.:
Registered No.: 136

2. FULL NAME: Joe 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: M
4. COLOR OR RACE: B
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: Years: Abt 70 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ..., 19..

19. UNDERTAKER (ADDRESS)

20. FILED 9/4/ 1935 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Mitral insufficiency — Date of onset
23

Other contributory causes of importance:
Pulmonary hemorrhage
Cause Not Known

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) J. A. Moore, M. D.
(Address) Columbia Mo

SEP 2

5-2211