NOV 27 1935

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

Do not use this space.

34874

1. PLACE OF DEATH
County: Shelby — Registration District No.: 560
Township: Jefferson — Primary Registration District No.: 6094
City: ..... (No. ..... St. ..... Ward)

File No.: ..... Registered No.: 8

2. FULL NAME: James Russell 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jany 20 1871

7. AGE: Years 64 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
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): Oct 31-1934
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co Mo

FATHER

13. NAME: David C. Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co Mo

MOTHER

15. MAIDEN NAME: Lucy Isabell Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co Mo

17. INFORMANT (ADDRESS): Frank Taylor Clarence Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Maplewood DATE: Oct 14 1935

19. UNDERTAKER (ADDRESS): Hamilton Und. Co Clarence Mo

20. FILED: Oct 14 1935 Ray Hamilton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 12 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1935, to Oct 12 1935.
I last saw him alive on July 29 1935. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach — Date of onset 1933

Other contributory causes of importance: None

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? No
If so, specify .....
(Signed) W. L. Harlan, M. D.
(Address) Clarence 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.