

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

318
2001

File No.

Registered No.

11975

0231

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Greene
Springfield
City Hospital
Felix Des Taylor
2400 N. Broadway

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sep 28 - 1878*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *On Truck*

10. Date deceased last worked at this occupation (month and year) *March 29 - 1937*
11. Total time (years) spent in this occupation *-*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*13. NAME *John H. Taylor*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*15. MAIDEN NAME *Mahala Hold*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*17. INFORMANT (ADDRESS) *Katherine E. Taylor
Springfield, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Abraham's Prairie April 1, 1937*19. UNDERTAKER (ADDRESS) *J. W. Kingman & Co.
Springfield, Mo.*20. FILED *Mar 31, 1937* *Chas. A. George* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 30, 1937*22. I HEREBY CERTIFY That I attended deceased from *March 30, 1937*I last saw him alive on *March 30, 1937* Death is saidto have occurred on the date stated above *at 1:30 P.M.*

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

*Fracture of the neck
Injury was received when
the fell off of a flat car.*

Other contributory causes of importance:

Name of operation *X-Ray* Date of *20*What test confirmed diagnosis *X-Ray* Was there an autopsy? *no*23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Date of injury *3/29, 1937*Where did injury occur? *Springfield, Mo.*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *if*Nature of injury *if*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *if*(Signed) *M. D. Patterson* M. D.(Address) *Springfield, Mo.*

Coroner of Greene County, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X7044

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.

