

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

MAR 22 1938

## 1. PLACE OF DEATH

County Peniscot  
 Township Godiar  
 City Swift (near) (No. \_\_\_\_\_)

Registration District No. 114  
 Primary Registration District No. 5869

File No. 7681  
 Registered No. 6  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Richmond Taylor 460

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE black 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) 10-11-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
60 3 16

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

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) Tennessee

13. NAME Sam Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Mary Eliza Blackwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT William Taylor  
 (ADDRESS) Swift, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Swiftpore DATE 1-28-38

19. UNDERTAKER W. M. Payne  
 (ADDRESS) Outaquoce, Mo.

20. FILED 3-9-38 Mary W. Cook Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan., 27, 38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan., 12, 1938 to Jan., 14, 1938

I last saw him alive on Jan., 14, 1938. Death is said to have occurred on the date stated above, at 12-45 A. M.

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

chronic nephritis -- about 130  
with dropsy

Other contributory causes of importance:

none

Name of operation NONE Date of \_\_\_\_\_  
 What test confirmed diagnosis? Urinary Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO 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) A. A. Reader M. D.  
Portageville, Mo.  
 (Address) \_\_\_\_\_

