

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

REC'D OCT 24 1938

1. PLACE OF DEATH
 54 County Lafayette 2
 4 Township Dover 1
 City Dover (No. 460)
 02. FULL NAME Edmund Taylor 460
 (a) Residence, No. Dover, Mo. St. Mo. Ward. 460
 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)

File No. 32572
 Registered No. 46
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Williams Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1859
 7. AGE YEARS 79 MONTHS 5 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 14 years 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alma Mo 0
 FATHER 13. NAME John Taylor 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 9
 MOTHER 15. MAIDEN NAME Nancy Woods Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Lou Woods Barnett
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Hope DATE Sept. 11 1938
 19. UNDERTAKER M. L. Hicks
 (ADDRESS) 116 S. 9th St.
 20. FILED 04.1 1938 Tiffany Webb
 Registrar. 413

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1938 to Sept 8 1938
 I last saw him alive on Sept 7 1938 Death is said to have occurred on the date stated above, at 1:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis at 3/15/05
arteriosclerosis
 Other contributory causes of importance: 131
Secondary Tremor
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab. Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) J. H. Keith M. D.
Springton, Mo

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RECEIVED
District Health Officer No. 8
Date Filed 10/5/38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32572
Do not use this space.

1. PLACE OF DEATH
 (a) County Lafayette Registration District No. H60
 (b) Township..... Primary Registration District No. 4273 Registered No. 46
 (c) City Dover (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edmond Taylor
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>6</u>	<u>2</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as 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. FUNERAL DIRECTOR (ADDRESS).....
 20. FILED Nov-11 1938 Tiffany Webb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1938

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:
 Date of onset

Other contributory causes of importance:

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) B. C. West, M. D.
 (Address) Lepington Miss

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-32572