

MAY 11 1939

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

15501
 Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3029
 (c) City Hannibal (d) Street No. 622 Vine 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William A. Taylor

(a) Residence, No. 622 Vine 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 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 Mary E. Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Syracuse
 (STATE OR COUNTRY) New York

FATHER
 13. NAME John W. Taylor

14. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Ester Jane Shaw

16. BIRTHPLACE (CITY OR TOWN) Syracuse
 (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mr. Taylor
Hannibal Missouri

18. BURIAL, CREMATION, OR REMOVAL New London Mo
 PLACE Barkley DATE May 1, 1939

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home
 (ADDRESS) 902 Broadway Hannibal

20. FILED May 1 19 39 H. E. Fisher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 39

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to April 29, 1939
 I last saw him alive on April 24, 1939. Death is said to have occurred on the date stated above, at 10:35 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:
Senility

Name of operation None Date of
 What test confirmed diagnosis? Cholesterol 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....., 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) B. L. Murphy, M. D.

(Address) Hannibal, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis Quest

Registered Apprentice No. **150**

working under my personal supervision.

Signed



Licensed Embalmer No. **3814**

P. O. Address **Hannibal Missouri**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.