

REC'D JUN 15 1939

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

19121
Do not use this space.

1. PLACE OF DEATH

(a) County Dwight Registration District No. 508
(b) Township _____ Primary Registration District No. 3026 Registered No. 76
(c) City Lehillicoche (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John H Taylor
(a) Residence, No. 202 Pine St. (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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-12-1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>68</u>	<u>6</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer
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) Dwight Mo

13. NAME Edward L Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dwight Mo

15. MAIDEN NAME Martha C. Ryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dwight Mo

17. INFORMANT (ADDRESS) Gene Taylor Lehillicoche Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cem DATE May 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James Gordon Lehillicoche Mo

20. FILED 5-26 1939 H. M. Vaca, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 17 1938 to May 24 1939
I last saw him alive on May 24, 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Pulmonary tuberculosis Date of onset 4 yrs. ago.
77

Other contributory causes of importance: Tuberculosis chest between liver + stomach.

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Emory, M. D.
(Address) Lehillicoche 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.

RECEIVED

District Health Officer No.

District File Number 11-39

Date Filed JUN 14 19

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.....

James W. Gordon
working under my personal supervision.

Registered Apprentice No. 4

Signed James W. Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe, Mo.

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.