

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

19654
 Do not use this space.

REC'D JUN 14 1939

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 33
 (b) Township Randolph Primary Registration District No. 602413
 (c) City or Leadwood (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 H. D. FLOYD TAYLOR
 (a) Residence, No. LEADWOOD MO. 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 MINNIE BELLE TAYLOR
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MIKE CAPTAIN
 9. Industry or business in which work was done, as saw mill, bank, etc. LEAD MINES
 10. Date deceased last worked at this occupation (month and year) SEPT. 1929 11. Total time (years) spent in this occupation 47 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA

FATHER 13. NAME WILLIAM TAYLOR

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

MOTHER 15. MAIDEN NAME MARTHA SURATT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT MINNIE BELLE TAYLOR
 (ADDRESS) LEADWOOD MO.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE PARKVIEW DATE MAY 8 1939

19. FUNERAL DIRECTOR (NAME) J. S. BOYER & SON
 (ADDRESS) LEADWOOD MO.

20. FILED 5710, 19 39 W. G. Aubucher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1936, to May 5 1939
 I last saw him alive on May 5 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Hypertension
Cardiovascular disease
 Date of onset 9
 Other contributory causes of importance: ASB

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? no
 If so, specify John W. Hunt, M. D.
 (Signed) Leadwood Mo.
701 (Address)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.