

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

Do not use this space

Taylor
7635

APR 23 1927

1. PLACE OF DEATH

County Cole

Registration District No. 213-

Township Jefferson

Primary Registration District No. 3014-

City Jefferson (No. 1)

File No. 68-

Registered No. 68-

St. Jefferson (Ward)

2. FULL NAME

(a) Residence. No. 712 S Capital St. Jefferson Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3 - 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>34</u>	<u>4</u>	<u>7</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pile maker

(b) General nature of industry, business, or establishment in which employed (or employer) CA LI

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercers MO.

PARENTS

10. NAME OF FATHER Addison Joe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Richmond MO

12. MAIDEN NAME OF MOTHER Elizabeth Hoover

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Merger CO. MO.

14. INFORMANT Gleim Joe (Address) Jefferson

15. FILED 3/11-27 A. P. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9th 1927

17. I HEREBY CERTIFY That I attended deceased from Mar 1st 1927 to Mar 9 1927 that I last saw him alive on Mar 11 1927 and that death occurred, on the date stated above, at Jefferson MO.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erythralum Gaster
600
(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF Mar 7 1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Specimen

(Signed) J. Taylor M. D.

2-11-27 (Address) Jefferson MO

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Reserver Cem. DATE OF BURIAL 3/11 1927

20. UNDERTAKER Walter Wymore ADDRESS J. E. MO

COPIES OF DEATHS IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

