

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

Do not use this space.

28194

1. PLACE OF DEATH

County St. Genevieve
Township St. Genevieve
City St. Genevieve (No.)

Registration District No. 780
Primary Registration District No. 4466

File No.
Registered No. 37
St. Ward)

2. FULL NAME James Taylor

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Jane Huifong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 ✓ 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Working at the Lime Works
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY) Randolph County

10. NAME OF FATHER Sam Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Charles Taylor
(Address) St Genevieve Mo

15. FILED Sept 15 1927 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 - 1927

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1927, to Sept 14, 1927, that I last saw him alive on August 17, 1927, and that death occurred, on the date stated above, at 6:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
Chronic Sclerosis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Signs Symptoms
(Signed) [Signature] M. D.

Sept 15 1927 (Address) St Genevieve Mo

*State the DISEASE CAUSING DEATH, or in 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 City Cemetery DATE OF BURIAL Sept 16 - 1927

20. UNDERTAKER John Basler ADDRESS St Genevieve Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

