

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

Do not use this space.

30872

1. PLACE OF DEATH
 County..... Brookfield Registration District No. 496 File No.
 Township..... Brookfield Primary Registration District No. 3025 Registered No. 71
 City..... Brookfield (No.) St. Ward

2. FULL NAME Max Eugene Taylor
 (a) Residence. No. 127 E. Clayton St. 3 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-14-1922

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|----------|----------|----------|----------------------------------|
| | <u>5</u> | <u>2</u> | <u>6</u> | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1927
 17. I HEREBY CERTIFY That I attended deceased from Oct 19 1927 to Oct 20 1927 that I last saw h. alive on Oct 20 1927 and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Diphtheria

(duration) yrs. mos. ds. no

9. BIRTHPLACE (CITY OR TOWN) Brookfield
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER James Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Bowling Green Kentucky

12. MAIDEN NAME OF MOTHER Sola B. Loudback

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington
 (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Thos P. Jones M. D.
 , 19 (Address) Brookfield 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.

14. INFORMANT Jos Taylor
 (Address) Brookfield Mo

15. FILED 10/21 1927 Thos P Jones
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rose Hill DATE OF BURIAL Oct 21 1927

20. UNDERTAKER G. H. Hill ADDRESS Brookfield

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. PHYSICIANS SHOULD SIGN. DO NOT WRITE IN THESE SPACES.

PARENTS

