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

Do not use this space.

37413

1. PLACE OF DEATH
County: Lawrence
Township: Aurora
City: ~~Aurora~~ (No. ..... St. ..... Ward)
Registration District No. 467
Primary Registration District No. 5628
File No. .....
Registered No. .....

2. FULL NAME: George S 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 ..... 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Libbie Taylor
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 28-1875
7. AGE: Years 52 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky

PARENTS
10. NAME OF FATHER: James Robert Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Maryland
12. MAIDEN NAME OF MOTHER: Susan Madden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky

14. INFORMANT: W. D. Taylor
(Address): Springfield Mo
15. FILED 12/12, 1927 Rudman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 11 1927
17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at 7:30 p. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Rest Apoplexy Stroke
F.P.A.
(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (SECONDARY): Ruptured gall bladder
(duration) ..... yrs. ..... mos. 5 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 10-27
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) P. W. Grant, M. D.
, 19 (Address) Aurora 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: Marionville Cem
DATE OF BURIAL: 12/13 1927
20. UNDERTAKER: Fung & Mott Co
ADDRESS: Aurora

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Lawrence — Registration District No. 467 — File No.

Township Aurora — Primary Registration District No. 5628 — Registered No.

City (No. St. Ward)

2. FULL NAME George S. Taylor

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

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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	5	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER James Robt Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Susan Maddox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT W. I. Taylor
(Address) Springfield. Mo

15. FILED 12/12 1927 R W Smart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post Operative shock
without vomiting after eating
Pigeon Turnip.
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Ruptured gall bladder
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 124 A

DID AN OPERATION PRECEDE DEATH? yes. DATE OF Dec 10/27

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. W. Smart, M. D
, 19 (Address) Aurora. 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: Marionville Cem
DATE OF BURIAL: 12/13 1927

20. UNDERTAKER: King Undt Co
ADDRESS: Aurora. Mo

SUPPLEMENTARY

S(2)-37413

Name: George S. Taylor

Who died at: Lawrence Co, Mo, on Dec. 11, 1927,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____ 124a

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Post operative Shock
Violent vomiting after eating Frozen Turnips.

Contributory: Ruptured Gall Bladder
Gall Bladder evidently was distended from vast amount of bile found in abdomen

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? no What test confirmed diagnosis? operation

Name of physician: R. Le Smart

Address of physician: Aurora, Mo

s(a)-5443