

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

117 3 21. Do not use this space.

23131

1. PLACE OF DEATH

County Butler
 Township
 City Poplar Bluff (No.)

Registration District No. 89
 Primary Registration District No. 3017

File No.
 Registered No. 148 St. Ward)

2. FULL NAME

(a) Residence. No. 910 Benton St. Ward.
 (Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plumber
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) not known
 (STATE OR COUNTRY) Miss.

10. NAME OF FATHER Henry Taylor

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT Caroline Taylor
 (Address) Poplar Bluff

15. FILED 7/9 28 B J Cluse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-7 1928

17. I HEREBY CERTIFY That I attended deceased from 7-7 to 7-7 1928 that I last saw h. alive on July 7, 1928, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Apoplexy
82A

CONTRIBUTORY (SECONDARY)

Hypertension
 (duration) yrs. mos. da. 7

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cerebral

(Signed) H. W. Doe M. D.
 , 1928 (Address) Poplar Bluff 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 DATE OF BURIAL

City Cemetery 7-9 1928

20. UNDERTAKER

Frank's Und.-Co. Poplar Bluff

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.

RECORD

