

WHILE PRINTING WITH UNFADING INK--THIS IS A PERMANENT RECORD

24 1928

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

Do not use this space.

30072

1. PLACE OF DEATH

County Copper
Township Saline
City (No.)

Registration District No. 225
Primary Registration District No. 5306

File No.
Registered No. 19
St. Ward)

2. FULL NAME Marvin W. Taylor

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 1 8

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

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

10. NAME OF FATHER P. W. Taylor

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

12. MAIDEN NAME OF MOTHER Georgia Morrow

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

14. INFORMANT P. W. Taylor
(Address) Kansas City Mo

15. FILED Sept. 16, 1928 W. B. Decker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Sept 5, 1928 that I last saw Sept 5, 1928, and that death occurred, on the date stated above, at Sept 7 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental death
(Means of base bleeding from liver)
death occurred
after 30 minutes (duration) yrs. mos. da.
CONTRIBUTORY intense hemorrhage
(SECONDARY) (abdominal) yrs. mos. da.

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? Clinical
(Signed) Herb R. ..., M. D.
9.14.1928 (Address) Smallwood

*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 Morrow Family Cem. DATE OF BURIAL 9-11 1928

20. UNDERTAKER C. Albert Hornbeck Prairie Home Mo.

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.

