

JAN 22 1929

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

Do not use this space.

39844

1. PLACE OF DEATH

County..... Cedar  
Township..... Madison  
City..... (No. ....)

Registration District No..... 167  
Primary Registration District No..... 5-2-33

File No..... 3  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Henry P 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. 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)

Widower

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

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

Jan 1 - 1844

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 | 11 | 27

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)

Henry Co. Iowa

10. NAME OF FATHER

Neil Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Frank -

12. MAIDEN NAME OF MOTHER

Haney Trout

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

14.

INFORMANT (Address)

Wm Lusher  
Fair Play MO

15.

FILED

Jan 17 1929

B. B. Alder

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC 28 1928

17. I HEREBY CERTIFY That I attended deceased from DEC 19 1928 to DEC 28 1928 that I last saw him alive on DEC 27 1928, and that death occurred, on the date stated above at 6 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronch. pneumonia

11A

(duration) yrs. mos. da. 8

CONTRIBUTORY (SECONDARY)

11W influenza

(duration) yrs. mos. da. 3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... ✓

0 DID AN OPERATION PRECEDE DEATH..... NO DATE OF ✓

WAS THERE AN AUTOPSY..... NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Chas H Brown, M. D.

DEC 28, 1928 (Address) Fair Play 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

Funeral Home

DEC 29 1928

20. UNDERTAKER

Crow and Barker

ADDRESS

Fair Play 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.

