

JAN 24 1929

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

Do not use this space.

41563

1. PLACE OF DEATH

County Lincoln
Township Sumner
City (No. _____) _____

Registration District No. 486
Primary Registration District No. 5449

File No. _____
Registered No. 43
St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 | 4 | — | —

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) Lincoln Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Cyrus Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lincoln Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susie Toney

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

14. INFORMANT Maude Beneman
(Address) Pray Mo

15. FILED Jan 27 1929 A. E. Pinner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1928, to Dec 20 1928, that I last saw him alive on Dec 20 1928, and that death occurred, on the date stated above, at 99 _____

THE CAUSE OF DEATH WAS AS FOLLOWS:

22 Apoplexias
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Unania
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? 13/A DATE OF _____
WAS THERE AN AUTOPSY? _____

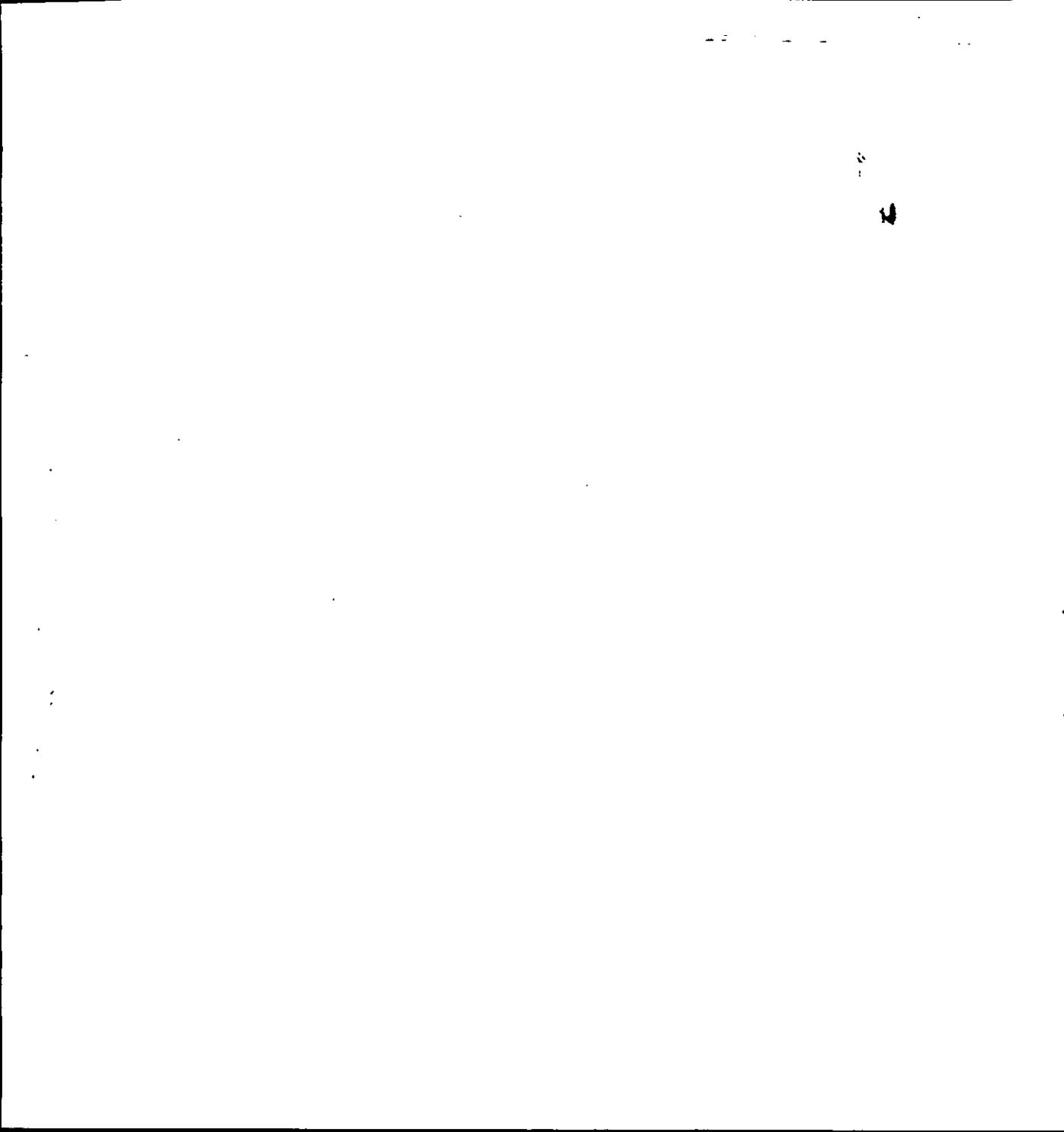
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) A. M. Taylor M. D.
, 19 (Address) Cesbury Mo

*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 Harmony Grave Cemetery DATE OF BURIAL 4/30/23 1928

20. UNDERTAKER W. W. Bradley ADDRESS Edburg

42-4-10



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lincoln
Township Lincoln
City Lincoln (No.)

Registration District No. 486
Primary Registration District No. 3649

File No.
Registered No. 43
St. Ward)

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 19 O E - Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1928

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 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.
, 19 (Address)

*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

19

20. UNDERTAKER ADDRESS

OR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGI AR ALL

SUPPLEMENTARY

S-41563