

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.

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

Do not use this space.

JAN 28 1929

43688

1. PLACE OF DEATH

County Schuyler  
Township  
City Lancaster (No. \_\_\_\_\_)

Registration District No. 805  
Primary Registration District No. 4484

File No. \_\_\_\_\_  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Joseph Taylor  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

male | white | Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 | 3 | 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Lancaster  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Taylor

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

12. MAIDEN NAME OF MOTHER Lucy Potter

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

14. INFORMANT Minnie Potter  
(Address) Lancaster Mo.

15. FILED Dec 29 1928 V. F. Justice  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/29 1928

17. I HEREBY CERTIFY That I attended deceased from Mich 1.  
1928, to P.M. 27, 1928  
that I last saw him alive on Dec 29, 1928, and that death occurred, on the date stated above, at 2.0 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Organ Heart lesion with stoppage

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED? (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH... Place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF Nov 20

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? all general symptoms

(Signed) L. H. H., M. D.

, 19 (Address) Queen City 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

P.O. Cemetery Dec 31 1928  
20. UNDERTAKER ADDRESS Lancaster Missouri  
John A. Roberts

