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

Do not use this space.

9326

1. PLACE OF DEATH
County: Webster
Township: Ozark
City: ..... (No. ..... St. ..... Ward)
Registration District No. 896
Primary Registration District No. 6198
File No. .....
Registered No. 11

2. FULL NAME: Wells A. 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: 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: Alice Taylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 19, 1852

7. AGE: Years 76 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired 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): Madison, Ind.

PARENTS
10. NAME OF FATHER: John H. Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Maryland
12. MAIDEN NAME OF MOTHER: Mary Pitcher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mass.

14. INFORMANT: Lida T. Gaines
(Address): Marshfield Mo

15. FILED: 2/28/29 J. R. Bruce, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Feb 22, 1929, that I last saw him alive on Feb 15, 1929, and that death occurred, on the date stated above, at 11-15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Interstitial Nephritis,
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Influenza
..... (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) J. R. Bruce, M.D.
2/23, 1929 (Address) Marshfield 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: Sidell Ill
DATE OF BURIAL: 2/25/29

20. UNDERTAKER: H. P. McMahan
ADDRESS: Marshfield

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.