48

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

Do not use this space.

11100

1. PLACE OF DEATH

County: Jackson — Registration District No.: 400

Township: Prairie — Primary Registration District No.: 3-2-D-9

City: ..... (No. ..... St. ..... Ward)

File No.: ..... Registered No.: .....

2. FULL NAME: Preston Taylor

(a) Residence. No. Jackson County Hospital 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.

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.

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: unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-17-1829

7. AGE: Years 99 | Months 4 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): North Carolina

PARENTS

10. NAME OF FATHER: unknown

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

12. MAIDEN NAME OF MOTHER: unknown

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

14. INFORMANT: J. W. Hostetter
(Address) .....

15. FILED: 1-V-19 29 — J. V. James, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-4-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Mch 4, 1929, that I last saw h. alive on Mch 4, 1929, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
9 M C

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

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) J. W. Greene, M. D.

3/5, 1929 (Address) Independence, 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: Maple Field Cemetery — DATE OF BURIAL: 3/11 1929

20. UNDERTAKER: Retterer — ADDRESS: K.C. Mo.