

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

Do not use this space.

13903

1. CAUSE OF DEATH
Ruchanan
Township
City, St. Joseph, (No. 501 South 31st.)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 484
St. _____ Ward)

2. FULL NAME Jonas Taylor,
(a) Residence. No. 501 South 31st. St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Taylor,</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 26, 1837</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>2</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Retired Farmer,</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Ray County,
(STATE OR COUNTRY) Missouri,

PARENTS	10. NAME OF FATHER <u>George Taylor,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Kentucky,</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Unknown,</u>

14. INFORMANT Mrs. D. L. Harmon
Address 501 South 31st. Street,

15. FILED 8 1929
John B. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7, 1929
17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1928, to April 7, 1929, and that that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 2:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
Complications of old
118 April
(duration) _____ yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 118
(duration) _____ yrs. _____ mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John B. Reynolds, M. D.
4/8/19 Address St. Joseph - 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 Green Cemetery DATE OF BURIAL April 9, 1929

20. UNDERTAKER Heaton, Beale, & Bowman ADDRESS 319 S. 10 St.
by J. W. Keale Funeral Home

FADING INK---THIS IS A PERMANENT RECORD

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.

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY THE MARKINGS

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