53
SEP 25 1929

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

Do not use this space

1. PLACE OF DEATH
County Knox Co
Township ~~Greenburgh~~
City Baring Mo (No. ..... St. ..... Ward)

Registration District No. 1439
Primary Registration District No. 4257

File No. 28212
Registered No. 177

2. FULL NAME John Taylor
(a) Residence. No. Baring Mo St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband Mrs Catherine Taylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3. 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Active 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) Knox Co Mo

PARENTS
10. NAME OF FATHER John Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Margret Dwyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Catherine Taylor
(Address) Baring Mo

15. FILED Aug 12 1929 Edward Early REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1929, to Aug 6, 1929, 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:
was dead when I arrived
Cause of death Heart Failure

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

CONTRIBUTORY (SECONDARY) 20500 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. E. Lunan, M. D
, 19 (Address) Baring 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery Edina Mo
DATE OF BURIAL Aug 12 1929

20. UNDERTAKER Kreighauser Bros
ADDRESS Edina Mo

WRITE PLAINLY, WITH UNFADING 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.

V. S. No. 2.