

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

Do not use this space.

13058

1. PLACE OF DEATH

County Jasper Registration District No. 417
Township Webb City Primary Registration District No. 3021
City Webb City (No.) St. Ward)

File No.
Registered No. 48
St. Ward)

2. FULL NAME Archie R. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Taylor</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 22 1896</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>33</u>	<u>6</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

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

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

PARENTS	10. NAME OF FATHER <u>R. J. Taylor</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Sarah F. Latta</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Ma Grace Taylor
(Address) Webb City, Mo

15. FILED 4/7 1930 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929, to April 5, 1930 that I last saw him alive on April 5, 1930, and that death occurred, on the date stated above, at 4:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
113
930 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED POB

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) George M. Cox M.D.

4/7 1930 (Address) Webb 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

Mount Hope Cem 4/7 1930

20. UNDERTAKER ADDRESS

Webb City Webb City

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.

MAY 26 1930

