

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 27 1930

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

Do not use this space.

13170

1. PLACE OF DEATH

County Gauley  
Township Duck Prairie  
City Joseph Julius Taylor (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 468  
Primary Registration District No. 5629

File No. \_\_\_\_\_  
Registered No. 7 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Taylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-10-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 11 23

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Waco Texas  
(STATE OR COUNTRY)

10. NAME OF FATHER M. J. Taylor

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

12. MAIDEN NAME OF MOTHER Melissa Stubblefield

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

14. INFORMANT Mrs. J. J. Taylor  
(Address) Marionville Mo

15. FILED Apr 8, 1930 R. Andrews  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2nd 1930

I HEREBY CERTIFY, That I attended deceased from March 29th, 1930, to April 2nd, 1930, that I last saw him alive on April 2nd, 1930, and that death occurred, on the date stated above, at 8:20 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tobar Pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Chronic Myocarditis  
(SECONDARY) (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 10/10

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS clinical symptoms  
(Signed) H. W. Lester, M. D.

, 19 (Address) Marionville 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 Marionville Cemetery DATE OF BURIAL Apr 11 1930

20. UNDERTAKER Hiram Bradford ADDRESS Marionville Mo

