

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1930

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35153

1. PLACE OF DEATH

County..... Texas
Township..... Sherrill
City..... (No.) St. Ward)

Registration District No. 868
Primary Registration District No. 6149

File No.
Registered No. 18

2. FULL NAME

Maile W. 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1930

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Taylor
Direct Ancestor

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930 to Oct 10, 1930
that I last saw him alive on Oct 6, 1930 and that death occurred, on the date stated above, at 9:00 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1854

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>			

CONTRIBUTORY (SECONDARY) 12c (duration) yrs. mos. 12 ds.

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

CONTRIBUTORY (SECONDARY) 16c (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo

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

10. NAME OF FATHER James Taylor

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. L. Reed M. D.
10/11, 1930 (Address) Licking

12. MAIDEN NAME OF MOTHER Katy Hunt

*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.

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

14. INFORMANT H. W. Taylor
(Address) Licking, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
<u>Concord Cemetery</u>	<u>10/16 1930</u>

15. FILED 10/11, 1930 H. L. Reid
REGISTRAR

20. UNDERTAKER	ADDRESS
<u>Dankahlor Leno</u>	<u>Mo</u>

