

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.

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

Do not use this space.

1. PLACE OF DEATH

19 County Perry
Township Saline
City Beards Rex 7 (No. 7)

Registration District No. 660
Primary Registration District No. 15875A

File No. 4 1986
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Alton Francis Monroe Taylor
(a) Residence. No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 4 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 237
(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) Perry Co Mo 1

10. NAME OF FATHER Smith's Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

12. MAIDEN NAME OF MOTHER Elizabeth Tucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

14. INFORMANT Arthur Taylor

(Address) Perryville Mo

15. FILED 7/15/32 Geo. J. Hester REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1932

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Jan 14, 1932
that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Instantly killed Head crushed
by a falling tree while
cutting timber
1941 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1941 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 303

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF (B)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS corner

(Signed) H. H. Bailey, M. D.

, 19____ (Address) Perryville

*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 Cemetery 1-16-1932
20. UNDERTAKER ADDRESS

Fellow Young Men's Perryville, Mo.

