

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.

MAR 23 1932

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

Do not use this space.

1. PLACE OF DEATH
48 County JACKSON Registration District No. 400
Township PRATIE Primary Registration District No. 5550B
City Little Seneca (No. _____) St. _____ Ward _____

2. FULL NAME I. R. Taylor
(a) Residence, No. J.C. Home 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.

File No. 5038
Registered No. 20

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1877

7. AGE YEARS 54 MONTHS 7 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 1

FATHER

13. NAME Columbus Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER

15. MAIDEN NAME Anna Cathey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO. 1

17. INFORMANT J. W. Hostetter
(ADDRESS) J.C. Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cem. DATE 2/5 1932

19. UNDERTAKER R. G. Johnson
(ADDRESS) Address mo.

20. FILED Feb. 5 32 Williams' fields
19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4 1930, to 2-1 1932
I last saw him alive on Jan 30 1932. Death is said to have occurred on the date stated above, at 11 P. M.
The principal cause of death and related causes of importance were as follows:
Decomposition ataxia Date of onset 5 yrs
80
800
Other contributory causes of importance _____

8
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. N. Greene M. D.
(Address) Independence Mo

