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.

AUG 25 1932

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

Do not use this space.

23416

1. PLACE OF DEATH

64

County Marion — Registration District No. 548.

Township Fabius — Primary Registration District No. 5743.

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 42

2. FULL NAME William H. 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 79 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	10	8	

OCCUPATION

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

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

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) Marion County Missouri 1

FATHER

13. NAME Caleb Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 2

MOTHER

15. MAIDEN NAME Margaret Mc Kay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Clarence Taylor Palmyra, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~

PLACE Bethel Cemetery DATE July 4th 1932

19. UNDERTAKER (ADDRESS) Lewis Bros. Palmyra, Mo.

20. FILED July 4th 1932 Gertrude Lee Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

1

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

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1931, to July 2, 1932

I last saw him alive on July 1, 1932 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

SBA

Date of onset

Other contributory causes of importance:

Apoplexy

3

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No

If so, specify .....

(Signed) E. E. Hartwell, M. D.

(Address) Palmyra, Mo.