

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

Do not use this space.

29596

1. PLACE OF DEATH

49 County Jasper Registration District No. 417
 11 Township North City Primary Registration District No. 3021
 7 City North City (No. _____) Registered No. 79
 _____ St. _____ Ward _____

2. FULL NAME

Lloyd Taylor
 (a) Residence, No. Jane Chesnut Hospital 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1900
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Barton County
 (STATE OR COUNTRY) Missouri

13. NAME Chas Taylor

14. BIRTHPLACE (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

15. MAIDEN NAME Cris Samseney

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

17. INFORMANT Mrs Margaret Taylor
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville DATE 9/2 1932

19. UNDERTAKER North City Burial Co
 (ADDRESS) North City, Mo

20. FILED 9/12 1932 R. M. Stormont
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1932

22. I HEREBY CERTIFY That I attended deceased from Sept 10 1932 to Sept 10 1932
 I last saw him alive on Sept 10 1932 Death is said to have occurred on the date stated above, at 10 a. m.
 The principal cause of death and related causes of importance were as follows:

Fractured Skull
VIO M

Other contributory causes of importance:

5

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Sept 9, 1932
 Where did injury occur? Jasper Co.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
4 mi. N. of North City, Mo.
 Manner of injury Automobile Collision
 Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Lynn Sumner M. D.
 (Address) Coroner, Jasper Co. Mo.

Date of onset
Sept
9
32
-01

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.

1932 OCT 26 1932

