

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

Do not use this space.

36398

1. PLACE OF DEATH

64 County Marion
Township Union Mason
City Hannibal (No. _____)

Registration District No. 547
Primary Registration District No. 5938

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John St. 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

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug. 30 - 1879

7. AGE 63 YEARS 3 MONTHS 7 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tanner 1

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) mo. (STATE OR COUNTRY) 1

13. NAME Thomas Taylor 8

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

15. MAIDEN NAME _____

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

17. INFORMANT Mrs. F. C. Brown (ADDRESS) 1912 St. Bridget St. Hannibal mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra mo DATE Dec 13 1932

19. UNDERTAKER C. W. Sprague (ADDRESS) Palmyra, Mo.

20. FILED Dec 3 1932 E. M. Lucke Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1932, to Nov 26, 1932. I last saw him alive on Nov 26, 1932. Death is said to have occurred on the date stated above, at 99 m.

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

Prostatic Abscess
131
137 131

Other contributory causes of importance:
Chronic Nephritis

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?
If so, specify Garroting (Signed) _____, M. D.
(Address) Hannibal mo.

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.

1933

