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.

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

Do not use this space.

[redacted] 40815

1. PLACE OF DEATH
72 County New Madrid — Registration District No. 604 — File No. 272
Township " " — Primary Registration District No. 5802 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME J. H. Taylor
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Lydia Taylor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886
7. AGE YEARS 46 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 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) (STATE OR COUNTRY) Alabama 2

FATHER
13. NAME Carroll Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT (ADDRESS) Carol Taylor
18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Cem DATE 12 - 3 1932
19. UNDERTAKER (ADDRESS) Richards Und Co New Madrid Mo
20. FILED 12/5 1932 Wm. N. O'Bannon Registrar.
V.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 1 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19....., Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
11A
10A
11A

Date of onset

Other contributory causes of importance:
Influenza

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 .....
(Signed) Geo. Whittaker, M. D.
(Address) East Prairie