

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

Do not use this space.

**20390**

**1. PLACE OF DEATH**

64 County Wagon  
Township Liberty  
2 City Palmyra (No. ....)

Registration District No. 548.  
Primary Registration District No. 4323.

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

2 Charles M. Taylor

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 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) 7-30-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>78</u>		<u>10</u>	<u>19</u>	

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) At her life

11. Total time (years) spent in this occupation

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

13. NAME Geo Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

15. MAIDEN NAME Miss McPhee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

17. INFORMANT (ADDRESS) A. L. Taylor Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra DATE June 13-1933

19. UNDERTAKER (ADDRESS) J. C. MacC... Palmyra, Mo.

20. FILED 6-12-33 W. W. ... Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12-1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to June 12, 1933.  
I last saw him alive on June 12, 1933. Death is said to have occurred on the date stated above, at 2:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
old age  
Coronary Arteriosclerosis

Other contributory causes of importance: old age, Coronary Arteriosclerosis

Date of onset: 9-19

Name of operation ..... 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? ..... 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) H. P. ..., M. D.  
(Address) Palmyra, Mo.

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.

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Dr. W. W. W.