

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

Do not use this space.

32504

1. PLACE OF DEATH

21 County Chariton Registration District No. 176
Township Cunningham Primary Registration District No. 5-244
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME

George Ira Paylor
(a) Residence, No. 9 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Estella Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1861</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>4</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>130</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. <u>13</u>	

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15th 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1933, to Oct 15 1933
I last saw him alive on Oct 14 1933. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Poisoning following Proutaldis or Kidneyin - fracture of acetabulum followed by chronic nephritis.
Other contributory causes of importance:
Hypertrophy of Proutaldis beginning years ago

Date of onset
1932

2 2 2

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Garden Grove Iowa</u>
	13. NAME <u>William F Taylor</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>
	15. MAIDEN NAME <u>Maria Anderson</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT (ADDRESS) <u>Mrs G. I. Paylor Sumner Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Sumner Mo Oct 16 1933</u>
	19. UNDERTAKER (ADDRESS) <u>S. H. Ripard Mendon Mo</u>
20. FILED <u>Oct 16</u> 19 <u>33</u> <u>W. H. Lewis</u> Registrar.	

Name of operation _____ Date of _____
What test confirmed diagnosis? Chronic nephritis 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? No
If so, specify _____
(Signed) J. H. Anderson M. D.
(Address) Sumner 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.

