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.

JAN 26 1934

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

Do not use this space.

8 39009

1. PLACE OF DEATH

County Adair — Registration District No. 1067 — File No.

Township Walnut — Primary Registration District No. 5009 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME James W. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10-1891

7. AGE — YEARS 42 — MONTHS 2 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) (STATE OR COUNTRY) Mo.

FATHER

13. NAME A. R. Taylor

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

MOTHER

15. MAIDEN NAME Sarah Smith

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

17. INFORMANT (ADDRESS) Elizabeth Taylor - Yarrow

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pratt — DATE Dec 28 1933

19. UNDERTAKER (ADDRESS) W. H. McCollum South Gifford

20. FILED Dec 30 1933 John T. Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1933, to 12-26, 1933

I last saw h..... alive on 12-26, 1933. Death is said to have occurred on the date stated above, at 7 P.m.

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

Chronic Alcoholism — Date of onset

210M

75B

Other contributory causes of importance:

Injured in automobile wreck Oct 18 1933

Name of operation none — Date of

What test confirmed diagnosis? [illegible] — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? [illegible] — Date of injury 10-18, 1933

Where did injury occur? Any public Road Adair Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile Wreck

Nature of injury Internal Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) B. F. Reynolds, M.D.

(Address) Yarrow 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Adair — Registration District No. 1067 — File No. 8
Township Walnut — Primary Registration District No. 5009 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James W 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE — YEARS — 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.
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)

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

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

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19
19. UNDERTAKER (ADDRESS)
20. FILED ..... 19 John T. Morton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1933

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

	Date of onset
Chronic Alcoholism	
	210

Other contributory causes of importance
Injured in Auto wreck

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? Accident Date of injury 10-18, 1933
Where did injury occur? Walnut Twp Adair Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Public Road.
Manner of injury Automobil Overturned
Nature of injury Internal Inj. Exact Extent unknown

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) B A Reynolds D.O. ~~M.D.~~
(Address) Yarrow Mo.

SUPPLEMENTARY

Cause of accident Driver Intoxicated is my impression

S-39009