

1934

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

Do not use this space.

668

1. PLACE OF DEATH

County De Witt
Township _____
City Salem (No. _____)

Registration District No. 266
Primary Registration District No. 5270
4154

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME Ellyson Jackson Taylor

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

Length of residence in city or town where death occurred 70 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Maggie Anna Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1860

7. AGE YEARS 73 MONTHS 04 DAYS 3 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) St Francis Co, Mo.

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 Mrs. Maggie A. Taylor (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove Cem DATE 11/15 1934

19. UNDERTAKER H. H. Hobar (ADDRESS) Salina Mo

20. FILED 115 1934 H. E. Rindler, M. D. Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 13 1934

22. I HEREBY CERTIFY that I attended deceased from Jan 12, 1934 to Jan 13, 1934
I last saw him alive on Jan 13, 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis (acute)
Acute Indigestion
Date of onset 1-12-34

Other contributory causes of importance: _____
Name of operation no. Date of _____

What test confirmed diagnosis Spinal fluid 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? no
If so, specify _____
(Signed) H. E. Rindler, M. D.
(Address) Salina 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.

