

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Barry Registration District No. 37
Township Ash Primary Registration District No. 6241
City Deligman (No. _____) St. _____ Ward _____

File No. 7732
Registered No. _____

2. FULL NAME

Winford Lane Taylor

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

Length of residence in city or town where death occurred yrs. 31 mos. 5 ds. 21 / How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 9 20

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) Lawrence, Kans.

13. NAME Winford Lane Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Kans.

15. MAIDEN NAME Mary Taylor

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Done Walnut DATE 3-2 1934

19. UNDERTAKER (ADDRESS) _____

20. FILED 3/2 1934 Jessie Roller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1934, to Feb. 11, 1934

I last saw h. s. m. alive on February 11, 1934. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Chronic Nephritis Interstitial
- Arteriosclerosis

Date of onset _____

Other contributory causes of importance: 131

Name of operation _____ Date of _____

What test confirmed diagnosis? Cytoph 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 _____, 1934

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 _____

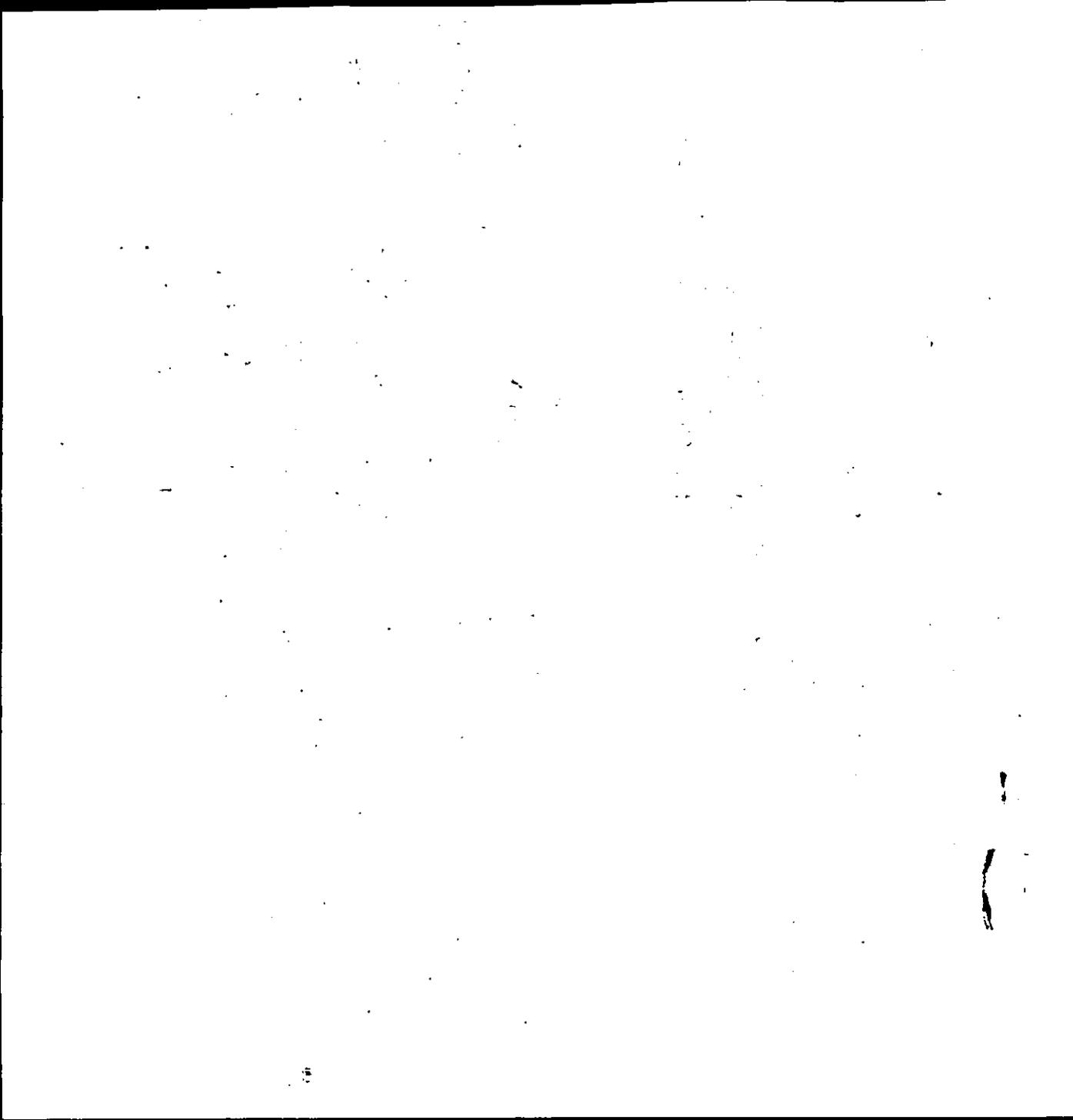
Nature of injury _____

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

If so, specify _____

(Signed) Dr. Charles R. Brown, D.O.

(Address) Deligman, Mo.



S-7732