

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.

MAR 4 1935

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

Do not use this space.

1. PLACE OF DEATH

County Lewis Registration District No. 480
Township Union Primary Registration District No. 5645
City Maywood (No. _____) St. _____ Ward _____

File No. 1921
Registered No. 1

2. FULL NAME

Joseph 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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 6 - 1848</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>4</u>
	DAYS <u>30</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Farmer, Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion County Missouri</u>	13. NAME <u>Joseph Taylor</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Phoebe Ann Turpin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Ira F. Taylor</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emerson</u> DATE <u>Jan 7 1935</u>		
19. UNDERTAKER (ADDRESS) <u>A. H. Chambers Maywood Mo.</u>		
20. FILED <u>1/7</u> 19 <u>35</u> <u>H. B. Lucas</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1934 to Jan 5 1935
I last saw him alive on Jan 4 1935. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset _____
Prostatitis
Other contributory causes of importance:
Arteriosclerosis

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? _____ 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) Ira F. Taylor, M. D.
(Address) 204 Grange Ave

