

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

Do not use this space.

17524

JUN 3 1935

1. PLACE OF DEATH
 County Rapley Registration District No. 750
 Township Douglas Primary Registration District No. 5985
 City (No. 1) St. _____ Ward _____
 Registered No. 1303

2. FULL NAME James Elijah 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 29 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 Margaret E. Bird
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-29-1856
 7. AGE YEARS 79 MONTHS 2 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 1-9-35 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Myrtle mo

13. NAME J. M. Taylor

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

15. MAIDEN NAME Eliza Justice

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

17. INFORMANT Mrs Jas Taylor
 (ADDRESS) Douglas mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Ridge Cem DATE 5-10-35, 1935

19. UNDERTAKER Jordan Douglas
 (ADDRESS) _____

20. FILED 5-9-35 E B Goddard
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8-, 1935
 22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to May 8, 1935
 I last saw him/her live on _____, 19____ Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset 3/1/35
Lobar Pneumonia
 Other contributory causes of importance: 108

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was 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? _____
 If so, specify Clifford G. York, M. D.
 (Signed) _____
 (Address) Douglas 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.

