

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.

OCT 1 1936

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

4197-1
Do not use this space.
4197-1
46 47
46 47

1. PLACE OF DEATH
County Standard Registration District No. 836
Township Liberty Primary Registration District No. 6098A
City (No.) St. Ward

2. FULL NAME Nicholas Nediman 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-13-1861

7. AGE YEARS 74 MONTHS 9 DAYS 27 IF LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmed
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) Garnett Taylor
Bartholomew Co. Ind.

MOTHER FATHER
13. NAME Garnett Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bartholomew Co. Ind.
15. MAIDEN NAME Hester Freeman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bartholomew Co. Ind.

17. INFORMANT (ADDRESS) W. A. Taylor
Bartholomew Co. Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bermeo, Mo. DATE 1-11-1936

19. UNDERTAKER (ADDRESS) No undertaker

20. FILED Sept 2, 1936 Bartholomew Co. Ind.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1936, to 1-9, 1936
I last saw him alive on 1-8, 1936 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 1-6-36
108
Other contributory causes of importance:
Senility

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? _____
If so, specify _____
(Signed) J. F. Riddle, M. D.
(Address) Bermeo, Mo.

