N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importan

MAR 16 1936

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

Do not use this space.

4824

1. PLACE OF DEATH
County Butler — Registration District No. 1089 — File No. 3
Township Cane Creek — Primary Registration District No. 6136 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lube Taylor
(a) Residence, No. 20 Mi. West of Poplar St. Bluff, Mo. 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 15, 1868

7. AGE: YEARS 68 — MONTHS 0 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Penn.

FATHER
13. NAME: William Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Louise Hester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Maggie Taylor, Butler County, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Trainor cemetery DATE Feb. 16, 1936

19. UNDERTAKER (ADDRESS): Greer Funeral Service, Poplar Bluff, Missouri

20. FILED 2-16, 1936 J B Ensdaley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1936 to 2-14, 1936
I last saw ~~her~~ alive on 1-1, 1936 Death is said to have occurred on the date stated above, at 10:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	11-1-36

Other contributory causes of importance:

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) Wm Henderson, M. D.
(Address) Poplar Bluff Mo