

FEB 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mo. Truman
Township Tracy
City Jonesburg (No. St. Ward)

Registration District No. 5-89
Primary Registration District No. 4347

File No. 7329
Registered No. 4

2. FULL NAME

Nathan Oglesby 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 78 10 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Warrenton Mo.

13. NAME Barnard Taylor

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

15. MAIDEN NAME Etha Harmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Mo.

17. INFORMANT Port. Taylor (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesburg DATE 2/11 1937

19. UNDERTAKER E. A. Ball (ADDRESS) Jonesburg Mo.

20. FILED Feb 9 1937 E. A. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1937

I HEREBY CERTIFY That I attended deceased from Jan 2 to Feb 8 1937.

I last saw him alive on Feb 8 1937. Death is said to have occurred on the date stated above, at 3 P m.

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

Coronary Atherosclerosis Date of onset Jan

abundant aorta

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Obaut 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) E. A. Ball M. D.
(Address) Jonesburg Mo.

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.

