MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 16663
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. Freeman Hospital St. Ward)

2. FULL NAME Julius Andrew Taylor
(a) Residence, No. Wentworth, Mo. Route 1. St. Ward. Wentworth, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred no yrs. no mos. 12 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 Minnie Edgar Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
61	9	18	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County Arkansas

FATHER
13. NAME Andrew Jackson Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tennessee

MOTHER
15. MAIDEN NAME Isabell Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) X Minnie Taylor Wentworth, Mo. Route 1

18. BURIAL PLACE Sarcoxie Cemetery DATE April 19 1937

19. UNDERTAKER (ADDRESS) Glen C. Cole Sarcoxie, Missouri

20. FILED 5-10 1937 E. D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1937

22. I HEREBY CERTIFY That I attended deceased from April 5 1937 to April 17, 1937
I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangerous Appendix	
Ruptured	

Other contributory causes of importance: 121

Name of operation Appendical Stump removed Date of April 5/37
What test confirmed diagnosis? ✓ 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? No
If so, specify
(Signed) Muldell Gregg, M. D.
(Address) Joplin Mo.