

JUL 27 1937

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

Do not use this space.

23560

1. PLACE OF DEATH *Dallas* 2
County *Dallas* Registration District No. *242*
Township *Grant* Primary Registration District No. *5335-*
City *Buffalo* (No. _____) St. _____ Ward _____

2. FULL NAME *Cephas C. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-18-1937*

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

22. I HEREBY CERTIFY, That I attended deceased from *Dec-1935* to *6-17-1937*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-22-1867*

I last saw him alive on *6-17-1937* Death is said to have occurred on the date stated above, at *9 a.m.*

7. AGE YEARS *70* MONTHS *2* DAYS *27* If LESS than 1 day, _____ hrs. or _____ min.

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

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

General wearing out, heart quit - kidneys impaired etc

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 _____

Other contributory causes of importance: *131*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dunlap Tenn*

13. NAME *J. C. Taylor*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Shelburne*

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. _____

15. MAIDEN NAME _____

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

17. INFORMANT *Proy Taylor* (ADDRESS) *Buffalo Mo*

Manner of injury _____ Nature of injury *1*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Macedonia* DATE *6-20-37*

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER *T. B. Jones* (ADDRESS) *Buffalo Mo*

(Signed) *V. H. Greenwood* M. D.
(Address) *Buffalo Mo*

20. FILED *7-13-1937* *W. S. V. R. Cox* Registrar.

CRUDE OIL DISTILLATE... Exact statement of OCCUPATION is very important.

200a

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dallas
Township Grant
City (No. _____) _____

Registration District No. 242
Primary Registration District No. 3335

File No. 23560
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rephas B 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>2</u>	<u>27</u>	

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. _____
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Macedonia DATE 6-20-37

19. UNDERTAKER (ADDRESS) _____

20. FILED 7-13-37 Mrs J R Cox
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-37

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h _____ alive on _____, 19____. 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:

General weakness of heart, lungs, kidneys, etc. Chronic Hypertension
Date of onset _____
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) V. H. Freeman, M. D.

(Address) Buffalo

SUPPLEMENTARY

S-23570