

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH *Palk* 2
County *Palk* Registration District No. *700*
Township *Albion* Primary Registration District No. *4421*
City *Albion* (No.) St. Ward) *8*

2. FULL NAME *Thomas Jefferson 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 *2 yrs. 4 mos.* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

24625
File No.
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 *Caroline Taylor*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June - 22 - 1937*
22. I HEREBY CERTIFY, That I attended deceased from *Dec - 15 - 1936* to *June - 22 - 1937*
I last saw him alive on *June - 16 - 1937*. Death is said to have occurred on the date stated above, at *6 P. m.*
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 7 1860*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 26

Pulmonary Tuberculosis (Date of onset) *11/5/1936*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired 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) *2 yrs* 11. Total time (years) spent in this occupation

Other contributory causes of importance: *None*

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *no*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Brookline, Mass.*

13. NAME *Levi Taylor*

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

15. MAIDEN NAME *Balinda Russell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

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.

17. INFORMANT (ADDRESS) *R. L. Taylor, Albion, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Pleasant Ridge* DATE *June 24, 1937*

19. UNDERTAKER (ADDRESS) *Hutcheson Blue & Waldson, Albion, Mo.*

20. FILED *June 30, 1937* *Uyad Miller, Registrar.*

Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) *W. J. Mason*, M. D.
(Address) *Albion, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ATTEST: I, _____, Registrar, do hereby certify that the foregoing is a true and correct copy of the original as filed in my office. _____, Registrar.

