

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

Do not use this space.

Robert Taylor
JUL 31 1937

24655

1. PLACE OF DEATH

2 County Rolla
3 Township Spencer
City New London (No. New London Mo)

Registration District No. 726
Primary Registration District No. 4432

File No. 24655
Registered No.
St. Ward

2. FULL NAME

Robert W. Taylor

(a) Residence, No. New London Mo St., Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary E.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18-29-86
7. AGE YEARS 72 MONTHS 8 DAYS 9 IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 8th 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov, 1936, to MAY 8, 1937
I last saw him alive on MAY 10, 1937. Death is said to have occurred on the date stated above, at 9:42 A.M.
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. Retired
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

Chronic Myocarditis
151
Other contributory causes of importance:
Chronic Nephritis
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Co. Mo.

13. NAME James M Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Co. Mo.

15. MAIDEN NAME Matilda Fisher

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

17. INFORMANT Mr. Wm. Robinson (ADDRESS) New London - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barbly Cem. DATE May-10-1937

19. UNDERTAKER James O. O'Connell (ADDRESS) Rolla Mo.

20. FILED July 1, 1937 Blanche Meyers Registrar.

Name of operation Thyroid Date of
What test confirmed diagnosis? Chemical 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) B. G. Murphree, M. D.
(Address) Barbly Cem. Mo.

