

Every year 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.

SEP 21 1937

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

Do not use this space.

31353

1. PLACE OF DEATH
 73 County Newton Registration District No. 1046
 Township SHOAL CREEK Primary Registration District No. 5810
 City ROUTE 3 - JOPLIN MO (No. St. Ward)

2. FULL NAME JOHN TAYLOR
 (a) Residence, No. R. 3 - 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 MALE 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 19 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 3 23

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

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 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. CLAIR - MO

13. NAME WILSON TAYLOR

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

15. MAIDEN NAME CLARKSTON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

17. INFORMANT CHAS TAYLOR
 (ADDRESS) ROUTE 3 - JOPLIN - MO

18. BURIAL, CREMATION, OR REMOVAL PLACE FORREST PK DATE 8/13/37

19. UNDERTAKER Hurlbut and Co
 (ADDRESS) Joplin Mo

20. FILED 8-12-37 21 J. J. Jones
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11-37

22. I HEREBY CERTIFY, That I attended deceased from June 1 - 37 to Aug 11 - 37, 1937.
 I last saw him alive on Aug 11 - 37. Death is said to have occurred on the date stated above, at 4 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic valvular heart disease 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) A. W. Winchester, M. D.
 (Address) Joplin Mo

