

Every item 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.

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

Do not use this space.

DEC 20 1937

41580

1. PLACE OF DEATH

County Jasper

Registration District No. 411

Township Galena

Primary Registration District No. 2002

City Joplin

(No. Greenman Hospital)

File No.

Registered No.

St. Ward)

2. FULL NAME

John William Taylor

(a) Residence, No. 611 1/2 1st St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 10, 19 37

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 19 37, to Nov 10, 19 37

I last saw him alive on Nov 9, 19 37. Death is said to have occurred on the date stated above, at 7:30 a.m.?

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 63 5 25

Uremia
Edema of Brain
Hyphema Lung

Date of onset Nov 8

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

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 30

Other contributory causes of importance: Blood Pressure High

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort, Mo

13. NAME John Taylor

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Clara Rhine

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

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

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) Mrs. Don Marvin

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark Mem. DATE Nov. 12 19 37

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

19. UNDERTAKER (ADDRESS) Frank - Divers Mortuary

(Signed) Ed D. Johnson, M. D.

20. FILED 11-26 19 37 Ed D. Johnson Registrar.

(Address) Galena, Mo.

H. A. Brown

132a

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

415-80
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Wid

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.
63 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1937

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

Supplemental
High Blood Pressure
to several years
Blood urea slight, about 7 years
ago. Possible chronic nephritis
Other contributory causes of importance
History of Gluttony in eating
some delirium in mental attack
about 7 years ago
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) H. H. Brown, M. D.

(Address) Galena, Tenn.

