

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

41605  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 411  
 (b) Township Galena Primary Registration District No. 2002  
 (c) City Joplin (d) Street No. Baron Ridge Registered No. \_\_\_\_\_  
 (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** James Taylor

(a) Residence, No. Baron Ridge 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**

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 Low Taylor  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
65 11 29  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner  
 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) Ill.  
 (STATE OR COUNTRY)

FATHER 13. NAME James Taylor  
 14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

17. INFORMANT Miss Ada Lourey  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Peace Cem DATE Nov 26 1937

19. FUNERAL DIRECTOR W. Rank - Sivers  
 (ADDRESS) Joplin, Mo

20. FILED 11-29-37 Ed J. Jones  
 (Address) Joplin, Mo  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1937, to Nov. 24 1937, 1937  
 I last saw him alive on Nov. 24 1937. Death is said to have occurred on the date stated above, at 12:45 p. m.

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

Pulmonary  
tuberculosis  
ggs  
 Other contributory causes of importance: Working in mines

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? Yes  
 If so, specify Working in Mines  
 (Signed) W. R. Steel, M. D.  
 (Address) Joplin, Mo

Every year or 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.

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STATEMENT BY LICENSED EMBALMER

I, David E. Dillon, Licensed Embalmer No. 3898

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

I, E.

No. 3898 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed David E. Dillon

Licensed Embalmer No. 3898

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**